

Name  
in Full

Francis Edward Waters Abercrombie

CERTIFICATE OF DEATH

Died at 106 Woodlawn Road, Roland Park, Balto.

MARYLAND

Date of death 190 9 June

30

Age 1

Months

5

Days

20

Sex

male

Color or Race

white

Birth-place

Baltimore, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Dr. Ronald T. Abercrombie

Father's Birthplace

Baltimore Md

Mother's Maiden Name

Jennie Scott Waters

Mother's Birthplace

Baltimore, Md

Name of person giving Information

Francis E. Waters

How related to deceased

Grandparent

## CAUSES OF DEATH

Primary

Enterocolitis

How long

11 days

Immediate

Toxaemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Maurice Lazenby M.D.  
221 W. North Ave

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Newry H. Jenkins and Sons Co.

Greenmount Cemetery

Name  
in  
Full

Annie E. Aisey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hullsville		Blatts					
Date	Month	Day	Years	Months		Days	
of death	1909	6	14	Age	23		
Sex	Female		Color or Race	White		Birth-place	Frederick Md.
Occupation	House wife		Where Residing if not at place of death				
Married, Single, or Widowed	Single		Name of Wife or Husband				
John Aisey		Father's Name		Unknown		Father's Birthplace	
Unknown		Mother's Maiden Name		Unknown		Mother's Birthplace	
Unknown		Name of person giving information		Robert Brooks		How related to deceased	
None							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Laryngeal + Pulmonary tuberculosis	How long	6 mo
Immediate		How long	3 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Z B Hall	
		Address	
		Mt Vernon	
1 Accident or Suicide?			

Robt Brooks & Son

Frederick -  
Frederick Co

Name  
in  
Full

Donald Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catoonsville <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 190 9 <sup>Month</sup> June <sup>Day</sup> 11 Age — <sup>Years</sup> 3 <sup>Months</sup> 25 <sup>Days</sup>

Sex Male Color or Race Colored Birth-place Catoonsville

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Richard Thomas Father's Birthplace Prince Geo. Co.

Mother's Maiden Name Frances Allen Mother's Birthplace Howard Co.

Name of person giving Information Frances Allen How related to deceased Mother

## CAUSES OF DEATH

179

Primary Inanition

Immediate Asthenia

How long Since birth

How long "

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Frederick L. Pakenburg  
Coroner

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Dora Weininger Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	28
Age	22	Years	22	Months	8
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, <del>Single</del> <del>or Widowed</del>	Name of <del>Wife</del> Husband		George Allen		
Father's Name	Adam Weininger		Father's Birthplace	Maryland	
Mother's Maiden Name	Anna Thein		Mother's Birthplace	Maryland	
Name of person giving Information	George Allen		How related to deceased	Husband	

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	Unknown
Immediate	Cerebral Convulsion	How long	12 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. F. A. Glantz
		Address	3241 Eastern Ave.
Accident or Suicide			

Wendell Lippel & Son  
330 S. Bond St.

Holy Redeemer Chm.  
June 30" / 09



Name  
in  
Full

Charles Amett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Canton* <sup>Town</sup>

*Balto.* <sup>County</sup>

Date of death *1909*

*June* <sup>Month</sup>

*25* <sup>Day</sup>

*—* <sup>Years</sup>

*—* <sup>Months</sup>

*3* <sup>Days</sup>

Sex *Male*

Color or Race *White*

Birth-place *Balto, Md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Charles Amett.*

Father's Birthplace *Kentucky*

Mother's Maiden Name *Rose L. Haas.*

Mother's Birthplace *Balto.*

Name of person giving information *Char. Amett.*

How related to deceased *Father.*

CAUSES OF DEATH

*151*

Primary *Premature Birth 7 months In utero*

How long *3 days*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

*W. Jones*

Address

*316 Edmondest.*

Accident or Suicide?

Prof. Cornell University  
June 26<sup>th</sup> 1900. X  
H. Farnish 28 June.

Dr. Farnish,  
—

Name  
in  
Full

Denise Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Dundalk</u>		County <u>Balto</u>		MARYLAND	
Date of death	1909	Month	June	Day	28	Age	Years 37
Sex		female		Color or Race		white	
Occupation		House wife		Birth-place		Balto Md	
Married, Single or Widowed		Married		Name of Wife or Husband		David Arnold	
Father's Name		John Guloch		Father's Birthplace		not known	
Mother's Maiden Name		not known		Mother's Birthplace		not known	
Name of person giving information		David Arnold		How related to deceased		husband	

CAUSES OF DEATH

135

PHYSICIAN  
OR CORONER

Primary	<u>Child Birth</u>	How long	<u>24 hrs.</u>
Immediate	<u>Hemorrhage</u>	How long	<u>24 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. M. Tieffer	
Address		Monell Park Balto. Co Md.	
Accident or Suicide?			

London Park

N. J. Tickner & Sons

Wed. June 30<sup>th</sup>

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Catonsville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		
		Date of death <i>1909 June</i> <small>Month</small>		<i>30</i> <small>Day</small>	<i>39</i> <small>Years</small>	<i>11</i> <small>Months</small>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>	
		Occupation <i>Salesman</i>		Where Residing if not at place of death <i>Place of Death</i>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth B. Baker</i>			
		Father's Name <i>Charles E. Baker</i>		Father's Birthplace <i>Baltimore Md</i>		
		Mother's Maiden Name <i>Mary E. Whitely</i>		Mother's Birthplace <i>Baltimore Md</i>		
		Name of person giving information <i>Mrs Rosamond Roberts</i>		How related to deceased <i>Sister</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>		
		Immediate <i>Hemorrhages</i>		How long <i>4 Days</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Chas. Macgill</i>		
				Address <i>Catonsville</i>		
		Accident or Suicide?				

Henry H. Jenkins & Sons Co  
Undertakers

London Park Cemetery  
July 2<sup>nd</sup> 09

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Banghart

Died at <sup>Town</sup> Mercy Hospital - <sup>County</sup> Balto

MARYLAND

Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 27 <sup>Years</sup> Age 69 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Pa

Occupation Laborer <sup>Where Residing if not at place of death</sup> Solley - Mt. G. 3/4

Married, Single or Widowed Unknown <sup>Name of Wife or Husband</sup> —

Father's Name Unknown <sup>Father's Birthplace</sup> Unknown

Mother's Maiden Name Unknown <sup>Mother's Birthplace</sup> Unknown

Name of person giving information Taken from German <sup>How related to deceased</sup> health

Dpt Balto City

CAUSES OF DEATH

Primary <sup>How long</sup>

Immediate Tuberculosis <sup>How long</sup> Unknown

Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> J. B. Thornton

<sup>Address</sup> So. Balto - Md

Accident or Suicide?





Name  
in  
Full

Mary Jane Baublitts

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Northampton Valley* <sup>County</sup> *Baltimore*

MARYLAND

Date of death 1909 <sup>Month</sup> *June* <sup>Day</sup> *15* <sup>Years</sup> *65* <sup>Months</sup> *3* <sup>Days</sup> *22*Sex *Female* Color or Race *White* Birth-place *Ind.*Married, Single or Widowed *Married* Occupation *Housekeeper*Name of Wife or Husband *Jeremiah Baublitts*Father's Name *Henry Frank*Father's Birthplace *Ind.*Mother's Maiden Name *Samuel High*Mother's Birthplace *Ind.*Name of person giving information *Susie Schwartz*How related to deceased *Sister*

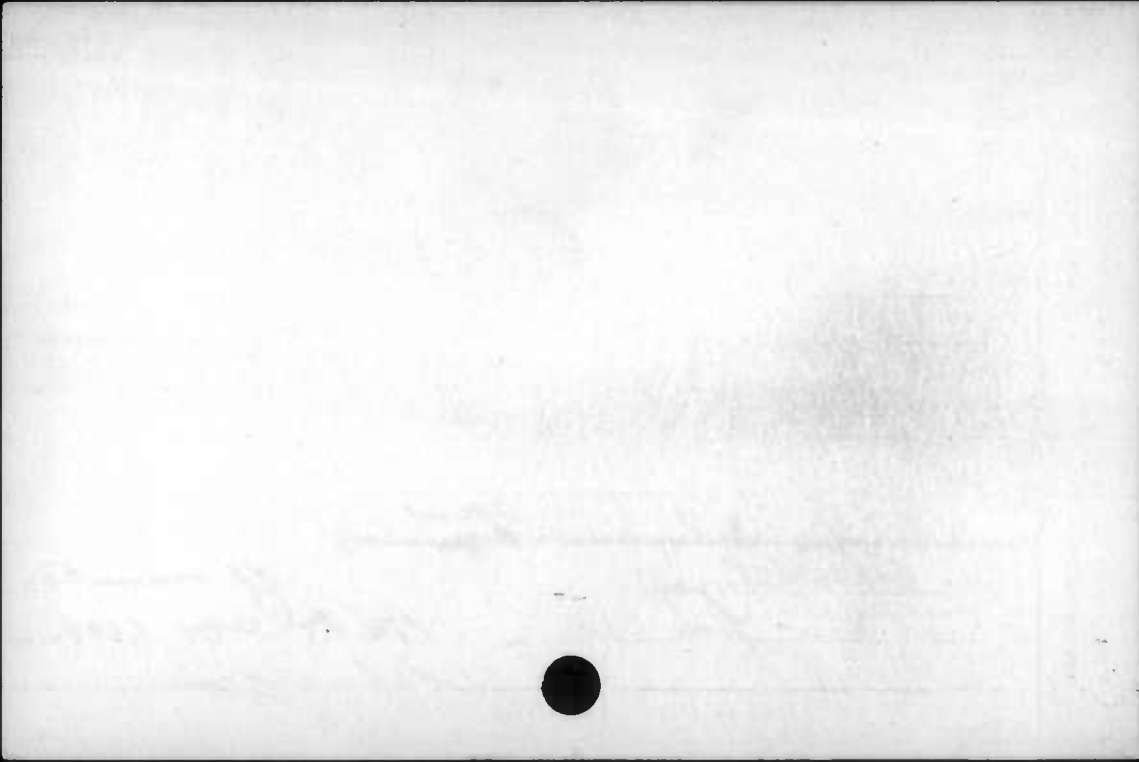
## CAUSES OF DEATH

10 ✓

Primary *Eriple Osteitis Media*How long *about 2 months*Immediate *abscess of Brain & Meningitis*How long *Two days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Thos. Bruce*Address *Glyndon**Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORONER



Name  
in  
Full

Rachel Howard Bay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Roland Park</b>		Town <b>Baltimore</b>		County		State <b>MARYLAND</b>	
Date of death <b>1909 June 13</b>		Month <b>June</b>		Day <b>13</b>		Age <b>77</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Balto. Co., Md.</b>		Months <b>9</b> Days <b>1</b>	
Occupation <b>None</b>		Where Residing if not at place of death <b>Roland Park</b>					
Married, Single or Widowed <b>Widow</b>		Name of <del>Widow</del> Husband <b>Oliver Bay</b>					
Father's Name <b>Edward Howard</b>		Father's Birthplace					
Mother's Maiden Name <b>Cole</b>		Mother's Birthplace					
Name of person giving Information <b>Mrs. Fanny B. Heim</b>		How related to deceased <b>Daughter</b>					

CAUSES OF DEATH

Primary	<b>Diabetes</b>	How long <b>50</b> years
Immediate	<b>Diabetic Coma</b>	How long <b>7 or 8 years</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>M. Gibson Porter</b>
		Address <b>Roland Park Md.</b>
Accident or Suicide	<b>No</b>	

PHYSICIAN  
OR CORONER

**1**

For burial at Green Mount  
Cemetery Balto. Md.  
E. Madison Mitchell  
1201 W. Fayette St.  
Balto Md.

Dr. Massenburg

Name  
in  
Full

Lauris Becker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Arlington		Baltimore					
Date of death	Month	Day	Years	Months	Days		
1909	12	19	57	2	1		
Sex	Color or Race		Birth-place				
Male	White		Baltimore Md				
Occupation	Where Residing if not at place of death						
Salesman	Arlington Md.						
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband						
Widowed	Ida Louisa Becker						
Father's Name	Father's Birthplace						
Henry Becker	Germany						
Mother's Maiden Name	Mother's Birthplace						
Margaret Fanner	Baltimore Md						
Name of person giving Information	How related to deceased						
Ida L. Becker	wife						

## CAUSES OF DEATH

Primary	Arterio-Sclerosis (Arterial Degeneration)	How long	64
Immediate	Apoplexy	How long	10 minutes.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. D. Cox (M.D.)
		Address	Arlington 3
Accident or Suicide			

PHYSICIAN  
OR CORONER

Jos. B. Cook Funeral Director  
Druid Ridge Cemetery

Name  
in  
Full

Henry F. Beitzel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Corney</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>8</i>	Years <i>50</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>Drain Pipe Fitter</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E Beitzel</i>					
Father's Name <i>Christian Beitzel</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Sarah E Beitzel</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Intussus Pulmonalis</i>	How long	<i>8 months</i>
Immediate	<i>do do</i>	How long	<i>do</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>John J. J. M.D.</i>	
Address		<i>936 E. Monument St. Baltimore Md.</i>	
Accident or Suicide?			

George Shulling & Sons

Funeral Directors

N W Cor Aisquith & Monument sts

Balto Md



Name  
in  
Full

Charles E. Benchoff.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

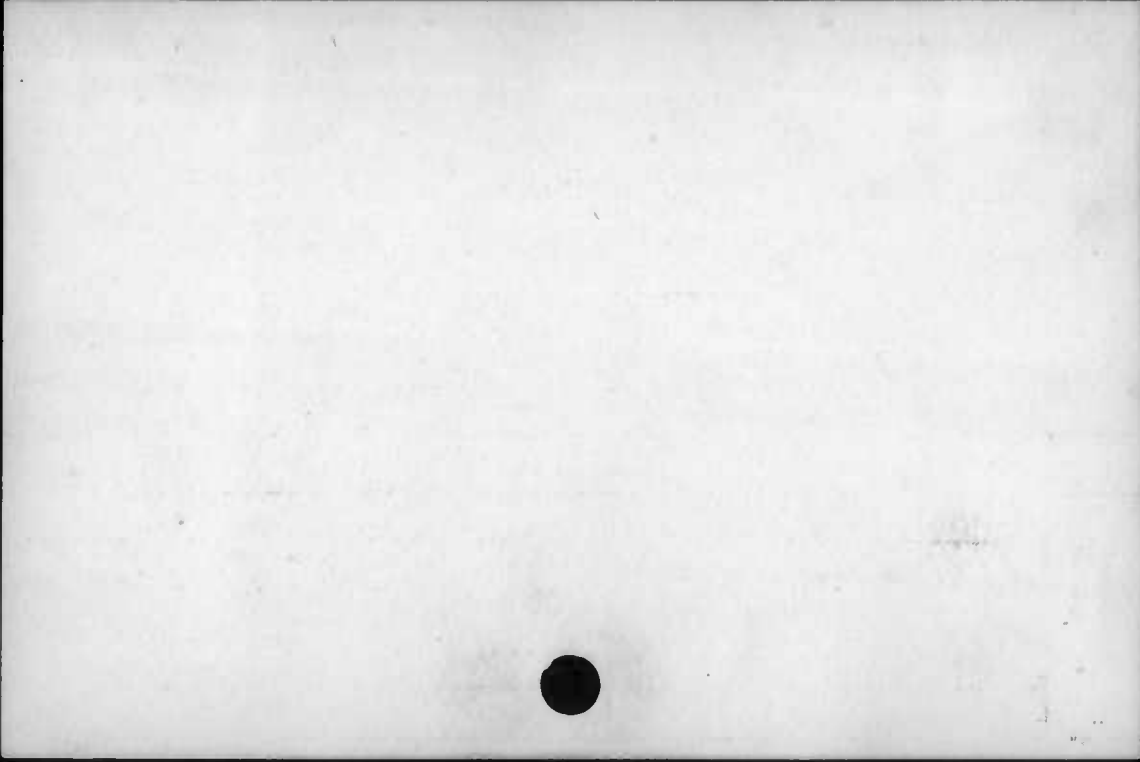
Died at <i>St Agnes</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>6</i>	Day <i>26</i>	Age <i>40</i>	Years <i>40</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>Photography</i>	Where Residing if not at place of death <i>Havre De Grace Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Columbus F Benchoff</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Allen</i>	Mother's Birthplace <i>Sharpsburg Md</i>				
Name of person giving information <i>H M Turner</i>	How related to deceased <i>Brother-in-law</i>				

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>	How long <i>6 mos +</i>
Immediate <i>Uterine Infection</i>	How long <i>2 day +</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Allen Graham Md</i>
	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Frederick J. H. Block

## CERTIFICATE OF DEATH

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death		190	9	Month 6	Day 22	Age -	Years 6
Sex		Male		Color or Race		White	
Occupation		none		Birth-place		Balto Co.	
				Where Residing if not at place of death		221 S. 3 <sup>rd</sup> St.	
Married, Single or Widowed		-		Name of Wife or Husband			
Father's Name		Frederick Block				Father's Birthplace	
Mother's Maiden Name		Augusta Augusta				Mother's Birthplace	
Name of person giving information		Frederick Block				How related to deceased	
						Father	

## CAUSES OF DEATH

Primary	Cholera Infantum	How long	105
Immediate	Diarrhoea + Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas L. Treas. M.D.	
Address		24 South Highlandtown	
Accident or Suicide		No	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
1

Oak Lawn cemetery

Hernigson

6/24/09

Name  
in  
Full

Killie Bond.

## CERTIFICATE OF DEATH

Died at S. Towson <sup>Town</sup> Balto. <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 25 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 8.

Sex Male. Color or Race Colored. Birth-place S. Towson

Occupation Infant. Where Residing if not at place of death —

Married, Single or Widowed Infant. Name of Wife or Husband Infant.

Father's Name David Myers. Father's Birthplace Towson

Mother's Maiden Name Ida Bond. Mother's Birthplace Belair Md.

Name of person giving Information Ida Bond. How related to deceased Mother.

## CAUSES OF DEATH

105 ✓

Primary Cholera Infantum How long 12 hours.

Immediate Exhaustion How long 4 hours.

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Holbert J. Evans.

Address —

Accident or Suicide Neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

John Burns Sons  
Touson.

Interment in  
Sandy Bottoms  
Touson.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Year	Months	Days	
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

Permission is granted to remove  
body to *1628 Bank St.*

JAMES BOSLEY, M. D.,  
COMMISSIONER OF HEALTH.

Per. *L. H.*

*Baltimore Funeral  
Co.  
Perryville*



Name  
in  
Full

Mrs Dorcas Bosley

## CERTIFICATE OF DEATH

MARYLAND

Died at Philopolis Town

Baltimore County

Date

of death

1909

Month

June

Day

19

Age

Years

94

Months

5

Days

8

Sex

Female

Color or  
Race

White

Birth-  
place

Belfort Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single,  
or WidowedName of Wife or  
Husband

The late John E Bosley

Father's  
Name

Abraham Ensor

Father's  
Birthplace

Belfort Md

Mother's  
Maiden Name

Rebecca Anne Cole

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Mary Catherine Shaffer

How related  
to deceased

Daughter

## CAUSES OF DEATH

92

Primary

Smiling

How long

2 Years

Immediate

Broncho-Pneumonia

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

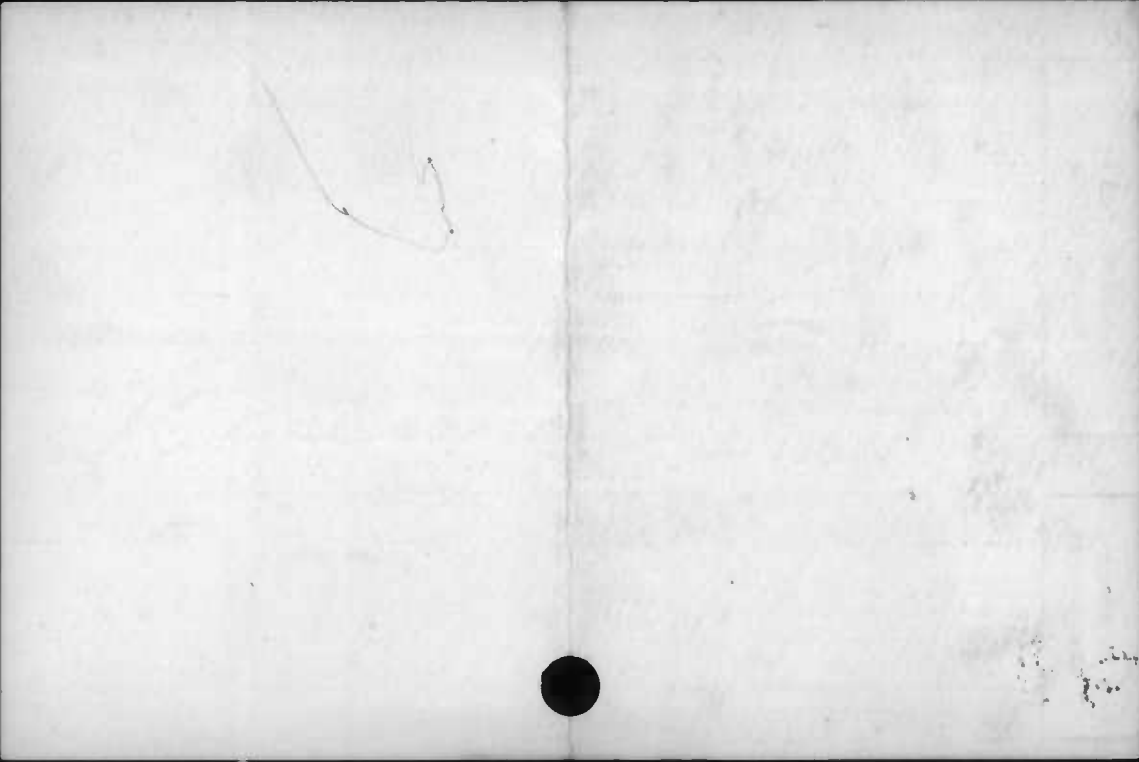
A. M. R. Bauson

Address

Cockeysville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Lucretia Vanbibber Bosley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> White Hall<sup>County</sup> Baltimore

Date of death 1909 June

Day 15

Age 96

Months 8

Days 12

Sex female

Color or Race white

Birth-place White Hall

Occupation Housework

Where Residing if not at place of death

Married, Single or Widowed single

Name of Wife or Husband

Father's Name James Bosley

Father's Birthplace Balto. Co.

Mother's Maiden Name Hannah Hughes

Mother's Birthplace

Name of person giving information Miss Elizabeth Bosley

How related to deceased niece

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary

Hypostatic Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

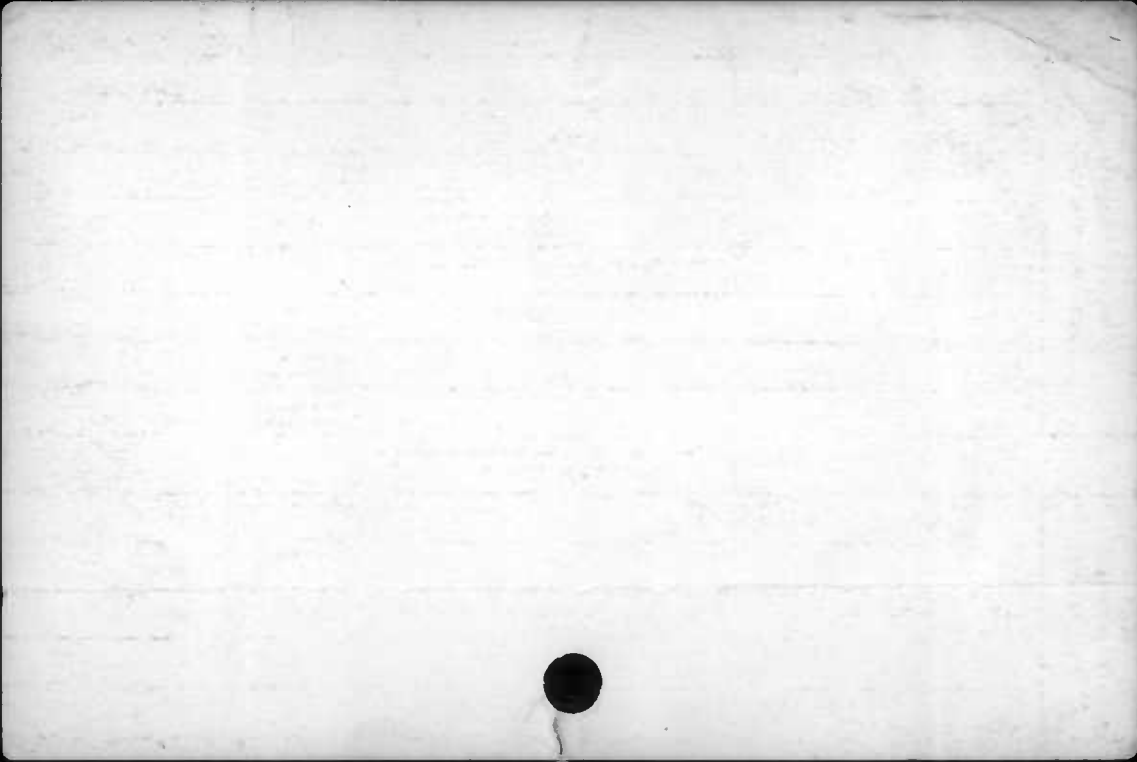
yes

Signature of Physician

Address

J. Ross Payne  
Corbett  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Paul Otto Brohm*

Town *mt Wicoms* County *Baltimore* MARYLAND

Died at *mt Wicoms*

Date of death *1909* Month *June* Day *20* Age *40* Years *11* Months *no* Days

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *wood-turner* Where Residing if not at place of death *mt Wicoms*

Married, Single or Widowed *married* Name of Wife or Husband *Caroline Brohm*

Father's Name *Oscar Brohm* Father's Birthplace *Germany*

Mother's Maiden Name *Christanna Frenzel* Mother's Birthplace *Germany*

Name of person giving information *Caroline Brohm* How related to deceased *Wife*

## CAUSES OF DEATH

120

PHYSICIAN  
CORONER

Primary *Bright's Disease* How long *8 months*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Russell*  
*mt Wicoms*

Accident or Suicide?

*md, 13*

Western Cem.

Jos. B. Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Magdelene Brown

Town

County

MARYLAND

Died at *Louisa**Balto.*

Date of death 1909 June

Month

Day

30

Age

Years

67

Months

Days

Sex

*Female*Color or  
Race*(Cal)*Birth-  
place

Occupation

*Washerwoman*Where Residing if not  
at place of death*Louisa*Married, Single  
or Widowed*Widow*Name of  
~~husband~~*John Brown*Father's  
Name*Thomas Burke*Father's  
Birthplace*Pa*Mother's  
Maiden Name*Hester Coats*Mother's  
Birthplace*Pa*Name of person giving  
Information*Levema Young*How related  
to deceased*Son's wife*

## CAUSES OF DEATH

79

Primary

*Endocarditis + General debility*

How long

*18 Months*

Immediate

*Cordiac Asthenia*

How long

*4 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. R. Green M.D.  
Louisa Md.*PHYSICIAN  
OR CORONER

1

undertaker

Robert A Elliott

Tonawanta Lake

Sandy Bottom.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Infant Burinsky</i>		Town <i>mt Winkins</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>	Day <i>11</i>	Age <i>no</i>	Years <i>no</i>	Months <i>no</i>	Days <i>1</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>mt Winkins</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>mt Winkins</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>John Burinsky</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Elizabeth Kawrak</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>John Burinsky</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Congenital Debility</i>	How long	<i>1 day</i>
Immediate	<i>Congenital Debility</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Glauco</i>	
		Address <i>mt Winkins</i>	
Accident or Suicide?		<i>mt Winkins</i>	

W. J. Tucker

---

Dr. J. W. Tucker  
Country

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

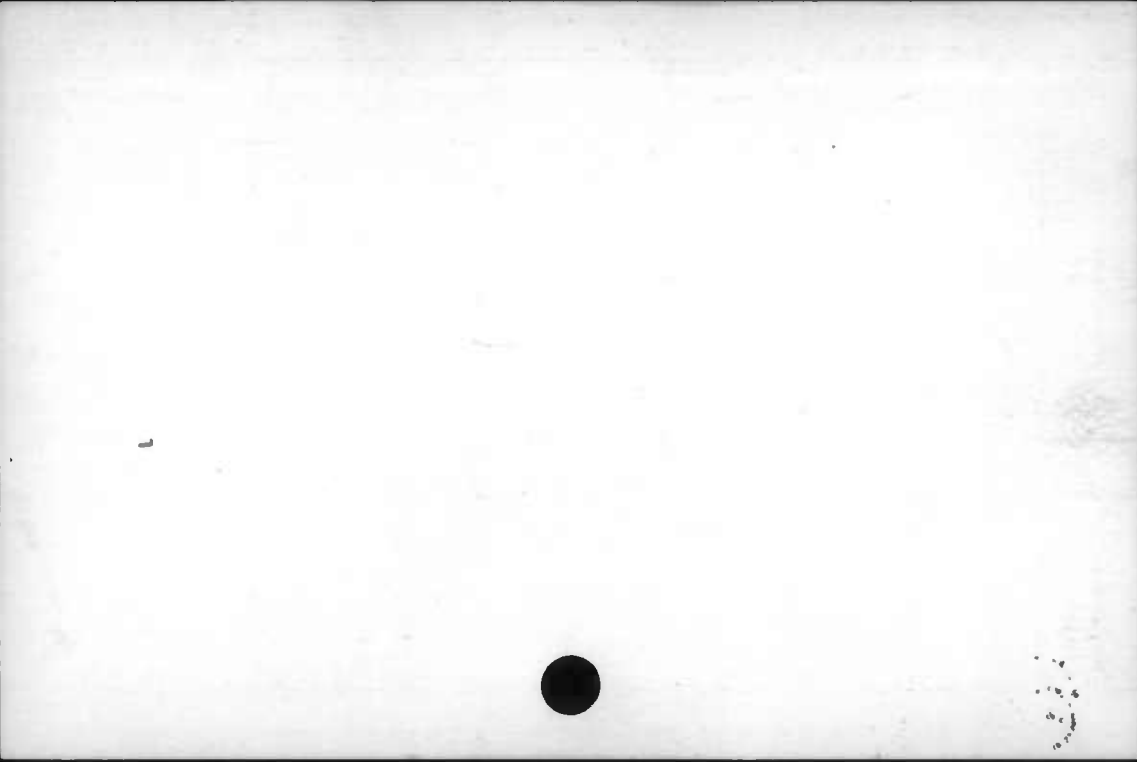
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Year	Month	Day
1909		June	23				18 hrs
Sex		Color or Race		Birth-place			
Female		white		md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Geo Buck		md					
Mother's Maiden Name		Mother's Birthplace					
Emma Kern		md					
Name of person giving Information		How related to deceased					
Geo Buck		father					

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	Eclampsia	How long	4 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		[Signature]	
		Address	
		Smith River Rd 15	
Accident or Suicide			



Name  
in  
Full

Albert Atwell Burke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Endwood - Towson</u>		Town		<u>Baltimore</u>		County		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>15</u>	Age <u>35</u>	Months <u>4</u>	Years	Days <u>12</u>			
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Springfield, Illinois</u>						
Occupation <u>Inspector</u>			Where Residing if not at place of death <u>824 E. Preston St.</u>						
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>Husband</u>						
Father's Name <u>James Burke</u>			Father's Birthplace <u>Ireland</u>						
Mother's Maiden Name <u>Margaret Atwell</u>			Mother's Birthplace <u>Baltimore, Md.</u>						
Name of person giving information <u>Ida M. Burke</u>			How related to deceased <u>Sister</u>						

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>24 yrs. 4 mos.</u>
Immediate	<u>Syncope</u>	How long	<u>6 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Alfred W. Forester, M.D.</u>	
		Address <u>Endwood, Towson, Md.</u>	
Accident or Suicide?			

Chas F. Evans  
118 W. Mt. Royal Ave.  
Cathedral Cenn

Name  
in  
Full

Thomas C. Burton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Windsor Hills		County Baltimore		MARYLAND	
Date of death		Month 1909	Day June	Age 13 <sup>th</sup>	Years 91	Months 5	Days 19
Sex Male		Color or Race White		Birth- place Baltimore Md			
Occupation Merchant				Where Residing if not at place of death —			
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or Husband Eleanor L. Burton					
Father's Name John Burton		Father's Birthplace Balto, Md					
Mother's Maiden Name — Rymael		Mother's Birthplace Mass					
Name of person giving Information Eleanor L. Burton		How related to deceased Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senile Brain Softening	How long 6 mos -
Immediate Coma	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Necny Chandler M.D.
	Address 742 W. North Ave
Accident or Suicide	

George W. Little  
Green Mount.



Name  
in  
Full

Bertha Campbell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Texas. Balto Co. Alushouse		Balto.		BALTO.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909 June		24	16	Unknown			
Sex	Female	Color or Race	Colored	Birth-place	Ind.		
Occupation	None			Where Residing if not at place of death	Balto. Co. Alushouse		
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Register House.			How related to deceased	(64) X		

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORNER

Primary	Idiocy -	How long	Life time -
Immediate	Cerebral Hemorrhage -	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	Walter C. Eason M.D.
		Address	Prokeyville Ind.
Accident or Suicide	No		

Journal at Boulders

Sunday 27<sup>th</sup> June

Name  
in  
Full

Lackey M. Carrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Palmer, Md		County		Baltimore		MARYLAND	
Date of death		1909	Month	June	Day	26	Age	60	Years
Sex		Male		Color or Race		White		Birth-place	
Occupation		Stone Mason		Where Residing if not at place of death		Palmer, Md			
Married, Single or Widowed		Married		Name of Wife or Husband		Virginia Carrick			
Father's Name		Jes H Carrick		Father's Birthplace		Baltimore			
Mother's Maiden Name		Brown		Mother's Birthplace		not known			
Name of person giving information		Mrs. Carrick		How related to deceased		Son			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Dilatation of Heart.	How long	2 years.
Immediate	Heart Extension & Effusion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm D Wells	
		Address	
		Port Hagerman	
Accident or Suicide?			

A S Marshall

3539 Falk Road

A. Loudan Park.

June 29/1909

Name  
in  
Full

Paul Chandler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad et		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	23	—	—	11	15
Sex	Male		Color or Race	white		Birth-place	Ind
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Jacob. Chandler				Father's Birthplace	Balto Md
Mother's Maiden Name		Henrietta Forbinger.				Mother's Birthplace	Germany
Name of person giving information		Jacob. Chandler				How related to deceased	Father

CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary	Measles	How long	4 day.
Immediate	Bronchitis Pneumonia	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. S. M. Kieffer	
Address		Monell Park Baltimore Md.	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1909 June</i>	Month	<i>June</i>	Day	<i>26</i>	Age	<i>69</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Years	<i>69</i>	Months	<i>—</i>
Birth-place	<i>Baltimore Co. Md.</i>						
Occupation	<i>Banker</i>		Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Emmus J. Clark</i>				
Father's Name	<i>James B. Clark</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Ward</i>					Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Garnett Y. Clark</i>					How related to deceased	<i>Son</i>

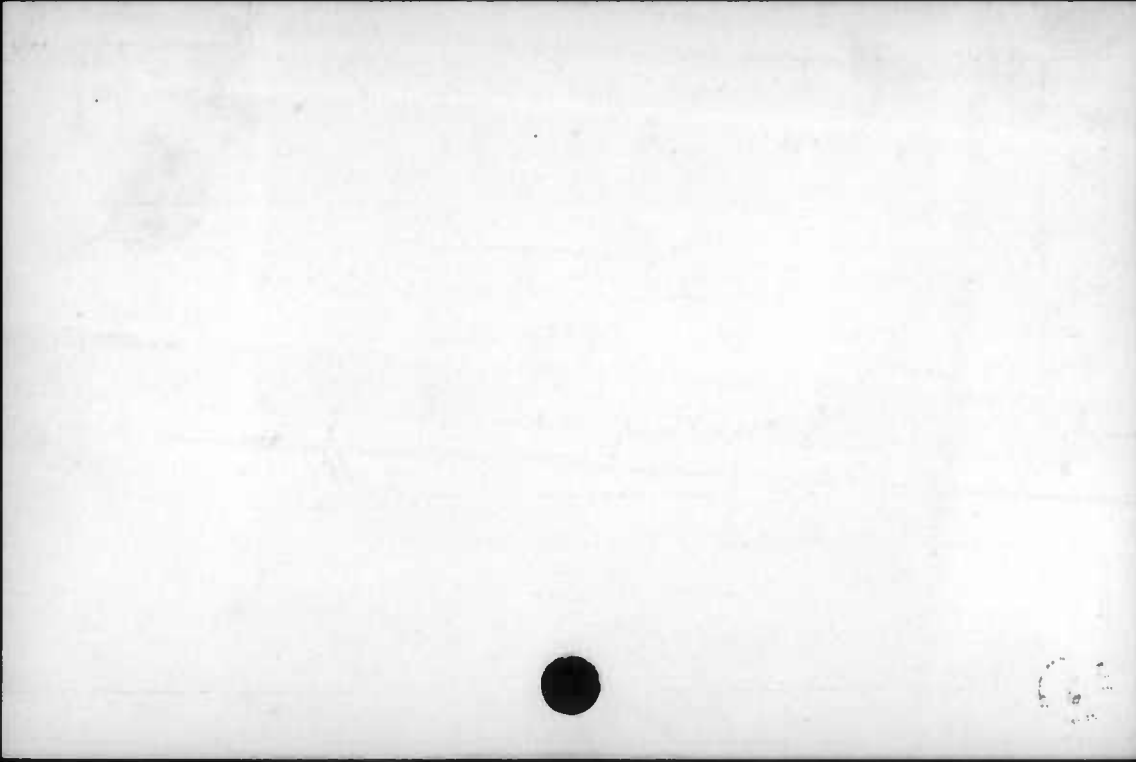
## CAUSES OF DEATH

118

X

PHYSICIAN  
OR CORONER

Primary	<i>Acute Gangrenous Appendicitis</i>	How long	<i>3 days</i>
Immediate	<i>Uremia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>Fred Y. Crank</i>	
Address		<i>St Agnes Hospital</i>	
Accident or Suicide?		<i>No</i>	





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

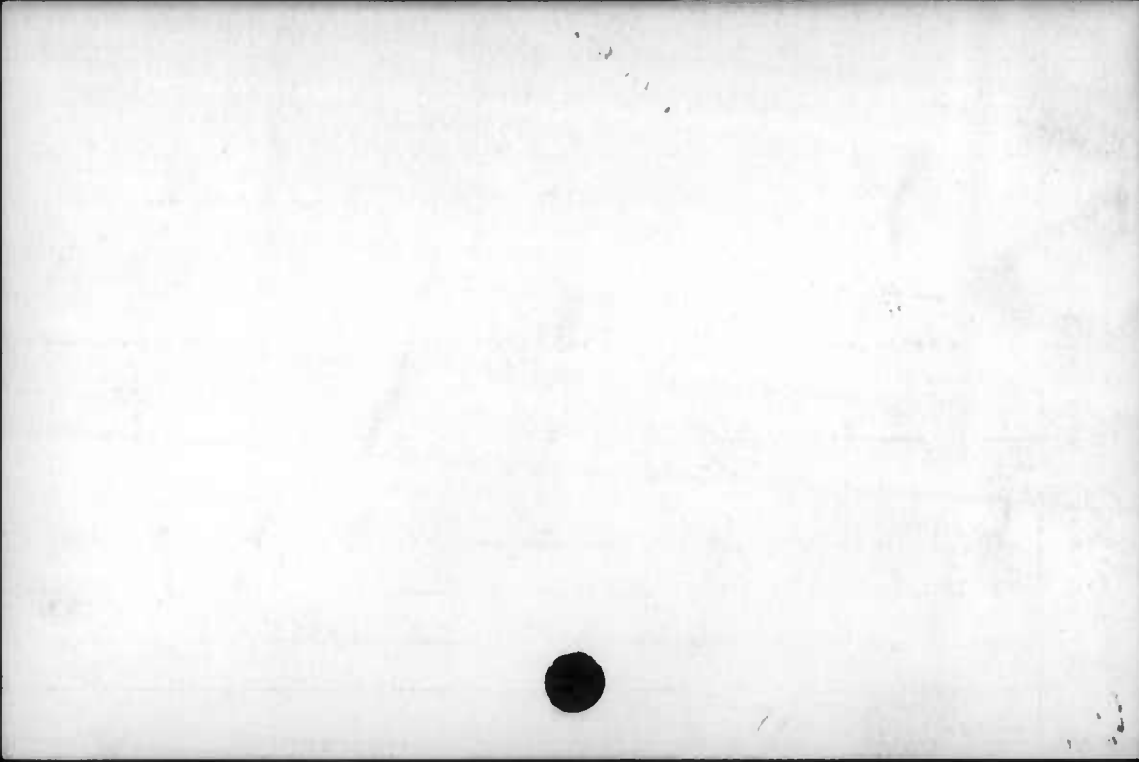
Died at <i>Wm Wiggins</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>June</i>	Day	<i>30</i>
Age	<i>41</i>	Years	<i>41</i>	Months	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Wiggins Co.</i>
Occupation	<i>Iron worker</i>		Where Residing if not at place of death <i>Wm Wiggins</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Sarah O. Collins</i>			
Father's Name	<i>Leymore Collins</i>			Father's Birthplace	<i>West River</i>
Mother's Maiden Name	<i>Harriet Hall</i>			Mother's Birthplace	<i>West River</i>
Name of person giving information	<i>Sarah C. Collins</i>			How related to deceased	<i>wife</i>

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery.</i>	How long	<i>14 days.</i>
Immediate	<i>Cholerae</i>	How long	<i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Wm Wiggins</i>
		Address	<i>Wm Wiggins</i>
Accident or Suicide?			<i>med 13</i>



Name  
in  
Full

Catherine Corban

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Not Hope Retreat</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	15-17
Age	abt 56	Years		Months	not known
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Wife of sailor		Where Residing if not at place of death <u>Baltimore</u>		
Married, Single or Widowed	Married		Name of Wife or Husband <u>not known</u>		
Father's Name	<u>not known</u>			Father's Birthplace	<u>not known</u>
Mother's Maiden Name	" "			Mother's Birthplace	" "
Name of person giving Information	<u>Recd. Not Hope Retreat</u>			How related to deceased	<u>not at all</u>

CAUSES OF DEATH

47

Primary	<u>Melancholia Chronic</u>	How long	<u>abt 18 yrs</u>
Immediate	<u>Ex Rheumatic Arthritis</u>	How long	<u>abt 6 or 7 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Frank J. Flannery</u>	
		Address	
		<u>Not Hope Retreat</u>	
		<u>Not Hope Md.</u>	
Accident or Suicide <u>                    </u>			

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Charles Brownie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Winans		County Balt.		MARYLAND	
Date of death 190		9	Month 6	Day 28	Age 23	Years 6	Months Days
Sex Male		Color or Race White		Birth- place Russia			
Married, Single or Widowed Single		Occupation Blacksmith					
Name of Wife or Husband C							
Father's Name Andrae Brownie		Father's Birthplace Russia					
Mother's Maiden Name Anna Miltz		Mother's Birthplace Russia					
Name of person giving In formation Ludwig Brownie		How related to deceased Brother					

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	Swimming in Pond.	How long	Twenty Minutes
Immediate	Drowning	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		August W. Miller, Coroner	
Address		Mt Winans	
Accident or Suicide?		Accident	
		Balt Co Md.	

17

W. J. Link

Name  
in  
Full

Mary Curran

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1909	Month	June	Day	28 <sup>th</sup>
Age	60	Years		Months	not known
Sex	Female	Color or Race	White	Birth-place	Ireland
Occupation	none	Where Residing if not at place of death Baltimore			
Married, Single or Widowed	Widow	Name of Wife or Husband	not known		
Father's Name	not known			Father's Birthplace	Ireland
Mother's Maiden Name	"	"	"	Mother's Birthplace	" "
Name of person giving Information	Reeds Mt Hope			How related to deceased	not at all

CAUSES OF DEATH

(68)

PHYSICIAN  
CORNER

Primary	Malancholia	How long	2 mos
Immediate	Ex. Heart Collapse	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Flannery
		Address	Mt Hope Retreat
			Mt Hope Md.
Accident or Suicide			





Name in Full		Infant Child of Jos. & Lydia Cushing				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Highlandtown		MARYLAND			
		Date of death		1909		Age			
		Month		June		Days			
		Day		9		Years			
		Sex		M.		Color or Race		W.	
TO BE ANSWERED BY NEAREST FRIEND		Occupation		—		Birth-place			
		Where Residing if not at place of death		Same		Highlandtown			
		Married, Single or Widowed		Name of Wife or Husband		None			
		Father's Name		Joseph Cushing		Father's Birthplace		Baltimore.	
		Mother's Maiden Name		Lydia Gingham		Mother's Birthplace		Md	
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		Jos. Cushing		How related to deceased			
		Father		—		—			
		CAUSES OF DEATH		Stillborn		How long			
		Primary		Stillborn		How long			
		Immediate		Stillborn		How long			
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		A. W. L. Sudthorn			
				Address		5326 E. Baltimore St			
		Accident or Suicide?							

Wendell Lippel & Son

Trinity Conn.

June 10<sup>th</sup> / 09

Name  
in  
Full

Daugherty (unnamed infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Relay <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 30 Age 0 <sup>Months</sup> 0 <sup>Days</sup> 18 hours

Sex Female Color or Race White Birth-place Relay, Md.

Occupation None Where Residing if not at place of death Relay

~~Marr~~ied, Single or ~~Widowed~~ Name of Wife or Husband None

Father's Name A. Frank Daugherty Father's Birthplace Baltimore Md

Mother's Maiden Name Annie Stump Mother's Birthplace Baltimore, Md

Name of person giving Information A. Frank Daugherty How related to deceased Father.

## CAUSES OF DEATH

151

Primary Premature birth (6 1/2 months)

How long

Immediate Marition

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Wm R. Eareckson  
Eek Ridge, Md.Accident or SuicidePHYSICIAN  
CORONER

Northall Cemetery

E. R. Earp.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Joseph Harris</i>		Town <i>Woodlawn</i>		County <i>Balti.</i>		State <i>MARYLAND</i>	
Died at <i>Woodlawn</i>		Month <i>9</i>		Day <i>15</i>		Years <i>70</i>	
Date of death <i>190</i>		Age <i>70</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Woodstock</i>			
Occupation <i>Farmmer</i>		Where Residing if not at place of death <i>Woodlawn</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or <i>Caroline Harris</i>					
Father's Name <i>L. Harris</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Innett Squared</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Charles H. Harris</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

40 X

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>		How long <i>4 months</i>	
Immediate <i>Starvation + Cardiac</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith</i>	
		Address <i>Woodlawn St</i>	
Accident or Suicide? <i>—</i>			

John Goodwin.

St. Thomas.

Name  
in  
Full

## CERTIFICATE OF DEATH

Margaret Demmerlein

Town

County

MARYLAND

Died at

Texas

Balto.

Date

of death 1909 June

Month

Day

20

Age

Years

66

Months

Unknown

Days

Unknown

Sex

Female

Color or  
Race

White

Birth-  
place

Germany-

Occupation

Inmate, Balto. Co. House

Where Residing if not  
at place of death

Balto. Co. Alushouse

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

George Demmerlein

Father's  
Name

Unknown. Battled-

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Germany

Name of person giving  
Information

George Demmerlein

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Dementia - Carcinoma Gastric - 8 years -

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Wilmer C. Enson M.D.

Address

Cockeysville  
Md.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Lilly Ed Feiler  
403 S. Wolfe St.  
Sacred Heart cemetery



Name  
in  
Full

Adam Diehl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Highlandtown<sup>County</sup> Balto.

MARYLAND

Date of death 1909 June

Day 1

Age 71

Months 7

Days 6

Sex Male

Color or Race White

Birthplace Germany

Occupation Liquor Merchant

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Anna W. Diehl

Father's Name Leonhardt Diehl

Father's Birthplace Germany

Mother's Maiden Name Margant Welge

Mother's Birthplace Germany

Name of person giving information Anna W. Diehl

How related to deceased Wife

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary Diabetes

How long One year.

Immediate Gangrene of rt arm, Septicemia

How long 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

D.W. Jones M.D.

Address

3116 O'Donnell St.

Accident or Suicide?

Met. Council Meeting  
Friday June 4<sup>th</sup> 1909  
St. George's P. O. Box.

W. J. Reed

Name  
in  
Full

CERTIFICATE OF DEATH

*Martin J. Droney*  
Town *Belt* County *Belt*

MARYLAND

Died at *Belt*  
Date of death 1909 June 13 Age 44 Months 9 Days 1

Sex *Male* Color or Race *White American* Birth-place *Beltman*

Occupation *Auditor* Where Residing if not at place of death *Beltman*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie. Droney*

Father's Name *Martin J. Droney* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Droney* Mother's Birthplace *Ireland*

Name of person giving information *Annie Droney* How related to deceased *wife*

CAUSES OF DEATH

27

Primary *Tuberculosis* How long *Not known.*

Immediate *Malnutrition, Osteemia.*  
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *M. J. Hadeski.*

Address

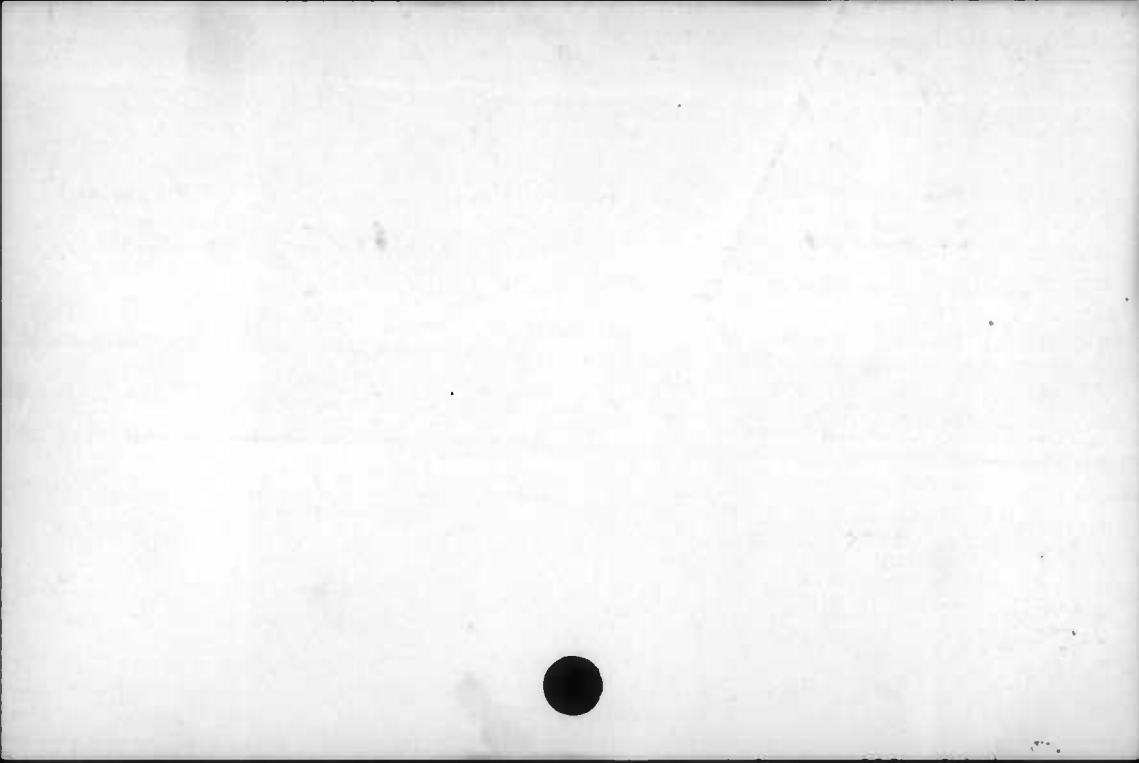
*St. E. City.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Harry Buel Flower

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		<u>St. Agnes Hosp.</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>11</u> <small>Years</small>	<u>23</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Wilsonia Md Va</u>
Occupation	<u>Bookkeeper</u>		Where Residing if not at place of death <u>707 N. Stricker St</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	<u>Selden E. Flowers</u>			Father's Birthplace	<u>Salem N Va</u>
Mother's Maiden Name	<u>Sarah M. Kimmell</u>			Mother's Birthplace	<u>Garrett county Maryland</u>
Name of person giving information	<u>Herbert E. Flowers</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary	<u>Gastric ulcer. - Neurophagic gastro Enteritis</u>	How long	<u>2 weeks</u>
Immediate	<u>Neurophagic - Gastric</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Ed Y Crunk</u>
		Address	<u>St Agnes Hospital</u>
Accident or Suicide?	<u>no</u>		

14

Name  
in  
Full.TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

## CERTIFICATE OF DEATH

MARYLAND

Died at *John E. Forester*  
Town *Hamilton*County *Balto*Date of death *1909* Month *June* Day *14* Age *63* Years Months DaysSex *M.* Color or Race *White* Birth-place *Balto. Md.*Occupation *Laborer* Where Residing if not at place of death *Same*

Married, Single or Widowed Name of Wife or Husband

Father's Name *James Forester* Father's Birthplace *Md.*Mother's Maiden Name Mother's Birthplace *Md.*Name of person giving information *Jas. Forester* How related to deceased *Son*

## CAUSES OF DEATH

40

Primary *Carcinoma of Stomach* How long *2 mo*Immediate *Carcinoma of Stomach* How long *2 mo*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *No*

Wendell Lippel & Son  
37 S. Ann. St.

Balto. Conn.

June 16"/09



Name  
in Full

Louis Formanall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> White Hall Manor <sup>County</sup> Balto -

MARYLAND

Date of death 1909 <sup>Month</sup> June <sup>Day</sup> 25 <sup>Years</sup> Age 33 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Austria

Occupation Merchant & Broker <sup>Where Residing if not at place of death</sup> Place of death

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Dora Krum

Father's Name Dora Krum

Father's Birthplace Dora Krum

Mother's Maiden Name Dora Krum

Mother's Birthplace Dora Krum

Name of person giving Information Mrs Friedewald

How related to deceased Employer

CAUSES OF DEATH

64

Primary Found dead. Bear Prostration

How long

Immediate Oppoplexy

How long

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

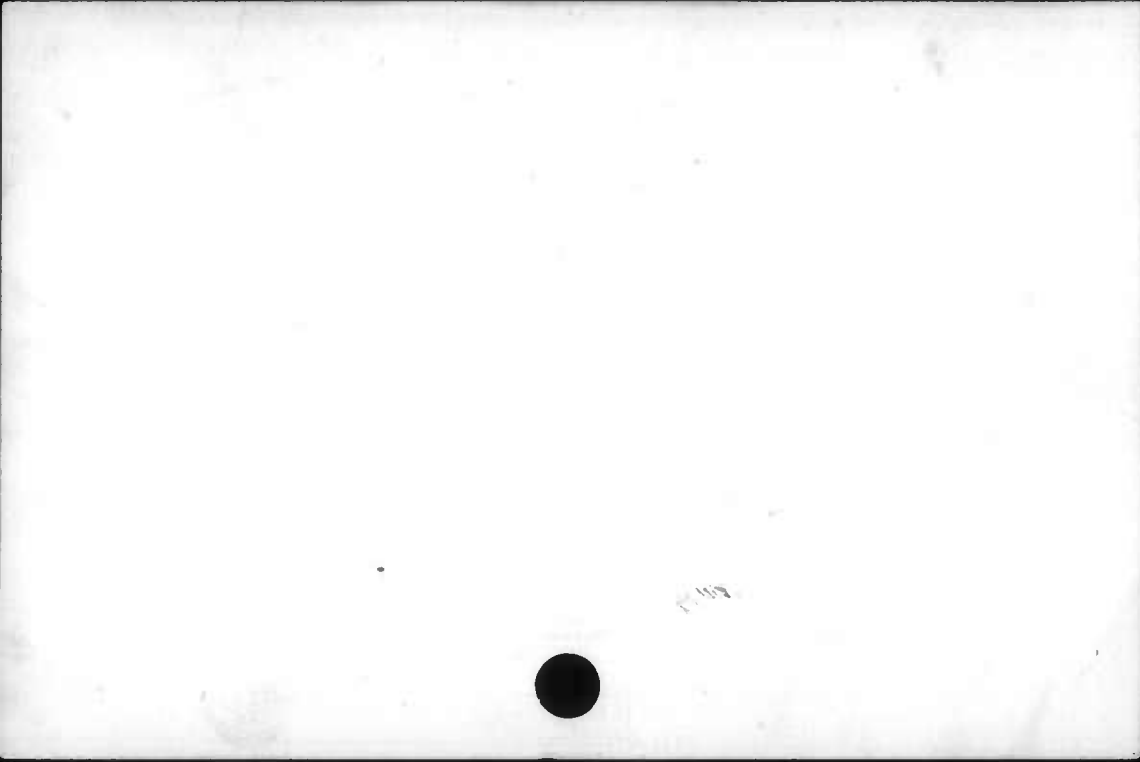
Thos Bruce  
Glyndon  
Md

Accident or Suicide

X

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Emily Louise Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

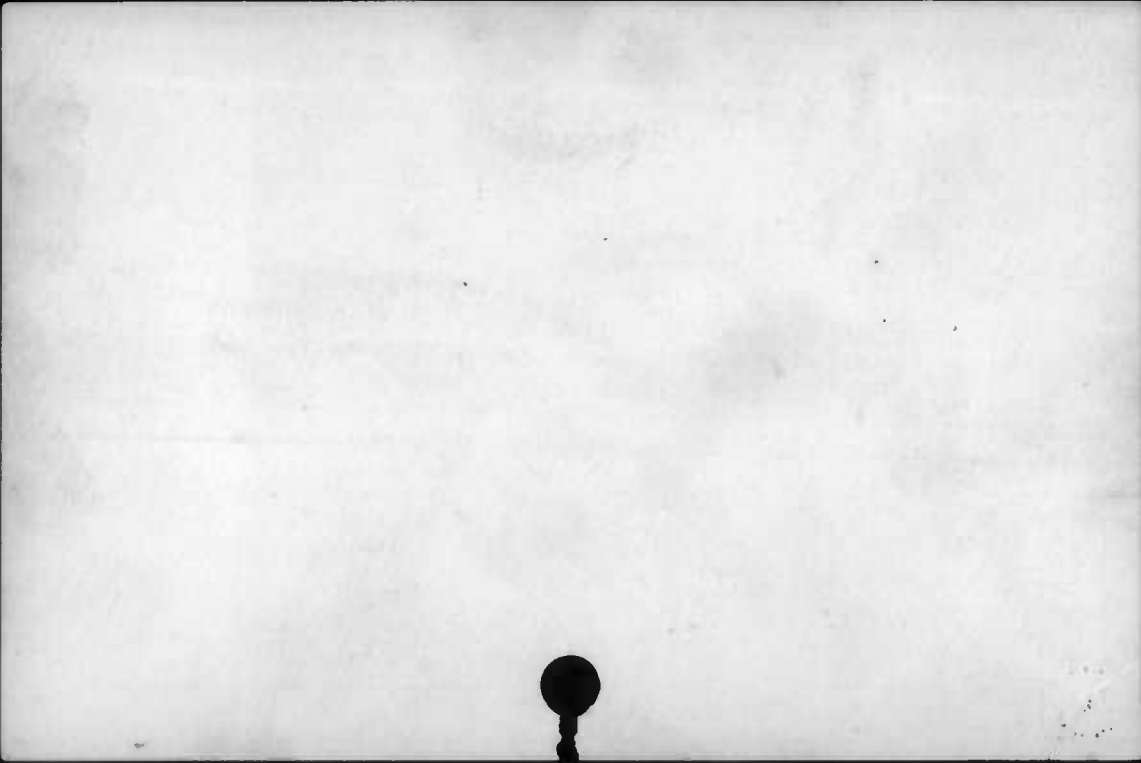
Died at		Town <i>Glencoe</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	<i>Jan</i>	Day	<i>22</i>	Years	<i>50</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months	<i>11</i>
Occupation <i>Home</i>		Where Residing if not at place of death <i>Home</i>		Days		<i>6</i>	
Married, Single or Widow <i>Widow</i>		Name of <del>Widow</del> Husband <i>Wm H. Fowler</i>					
Father's Name <i>Leth Daiby</i>		Father's Birthplace <i>Baltimore Md</i>					
Mother's Maiden Name <i>Mary Ann Dawson</i>		Mother's Birthplace <i>Balto. Co. Md</i>					
Name of person giving information <i>Wm H Fowler</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 yrs?</i>
Immediate	<i>General failure of vital organs</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. E. Brimmer</i>	
		Address <i>Backusville Md</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Garcia* Town *Highlandtown* County *Balts.* MARYLAND

Died at *Highlandtown*

Date of death *1909* Month *June* Day *22* Age *47* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Antonia Garcia*

Father's Name *George Robert Love* Father's Birthplace *Md.*

Mother's Maiden Name *Margaret Riley* Mother's Birthplace *Md.*

Name of person giving Information *Antonia Garcia* How related to deceased *Husband*

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary *Hepatic cirrhosis & nephritis* How long *3 mos.*

Immediate *Cardiac Failure* How long *one day.*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Dr. F. A. Sloutz*

Address *3741 Eastern Ave.*

Accident or Suicide

H. O. Hughes  
Undertaker  
17 S Broadway

To Interment at,

Oak Lawn Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

William Gehring

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Franklinton, Mo.* <sup>County</sup> *Baltimore*

MARYLAND

Date of death <sup>Month</sup> *June* <sup>Day</sup> *20* <sup>Years</sup> *62* <sup>Months</sup> *11* <sup>Days</sup> *15*Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Painter* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Catherine Gehring*Father's Name *Don't know* Father's Birthplace *Germany*Mother's Maiden Name *Don't know* Mother's Birthplace *Germany*Name of person giving information *Catherine Gehring* How related to deceased *Wife*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Physician's History of Case - *Acute Indigestion the man forced food upon myself arrived*

Immediate Cause of Death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Harold Monheim*  
*Drakeville, Md.*

Accident or Suicide?

August C Luer

L.O.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Barrie H. Gounce*

Town *Hamilton* County *Balto* MARYLAND

Died at *Hamilton*

Date of death *1909 June 26* Age *7*

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Hamilton*

Married, Single or ~~Widowed~~ \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm. H. Gounce Jr.* Father's Birthplace *Ind*

Mother's Maiden Name *Barrie H. Gounce* Mother's Birthplace *"*

Name of person giving information *Wm. H. Gounce Jr.* How related to deceased *father*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Premature Birth - Debility* How long *24 hrs*

Immediate *Debility* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Geary & Anglin* Address *Hamilton*

Accident or Suicide? ☒

Holy Redeemer

June 26 / 1909

Wm. Cook

502 E. 3 North Ave

Name  
in  
Full

Edwin R Graham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Pikesville County Baltimore **MARYLAND**

Died at Pikesville

Date of death 190 9 Month June Day 5 Age 32 Years 11 Months 11 Days

Sex Male Color or Race White Birth-place

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Dena Graham

Father's Name James Graham Father's Birthplace Pa

Mother's Maiden Name Campbell Mother's Birthplace Pa

Name of person giving Information Dena Graham How related to deceased wife

## CAUSES OF DEATH

27

PHYSICIAN  
CORONER

Primary Phthisis Pulmonalis How long Several mos.

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. May C. Naylor

Address Pikesville Md

Accident or Suicide —

Joe B Cook

Name  
in  
Full

*Carmelo Grazioplena*

CERTIFICATE OF DEATH

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>29</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Baltimore</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>3713 Eastern Ave</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Louis Grazioplena</i>			Father's Birthplace	<i>Italy</i>
Mother's Maiden Name	<i>Anneta Ansel</i>			Mother's Birthplace	<i>" "</i>
Name of person giving Information	<i>Louis Grazioplena</i>			How related to deceased	<i>Father</i>

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

**105**

Primary	<i>Cholera Infantum</i>	How long	<i>Four days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>DW Bather M D</i>
		Address	<i>1308 N Charles St</i>
Accident or Suicide	<i>Neither</i>		

PHYSICIAN  
OR CORONER

1

St. Patricks been.

Hernigson

7/1/69

Name  
in  
Full

CERTIFICATE OF DEATH

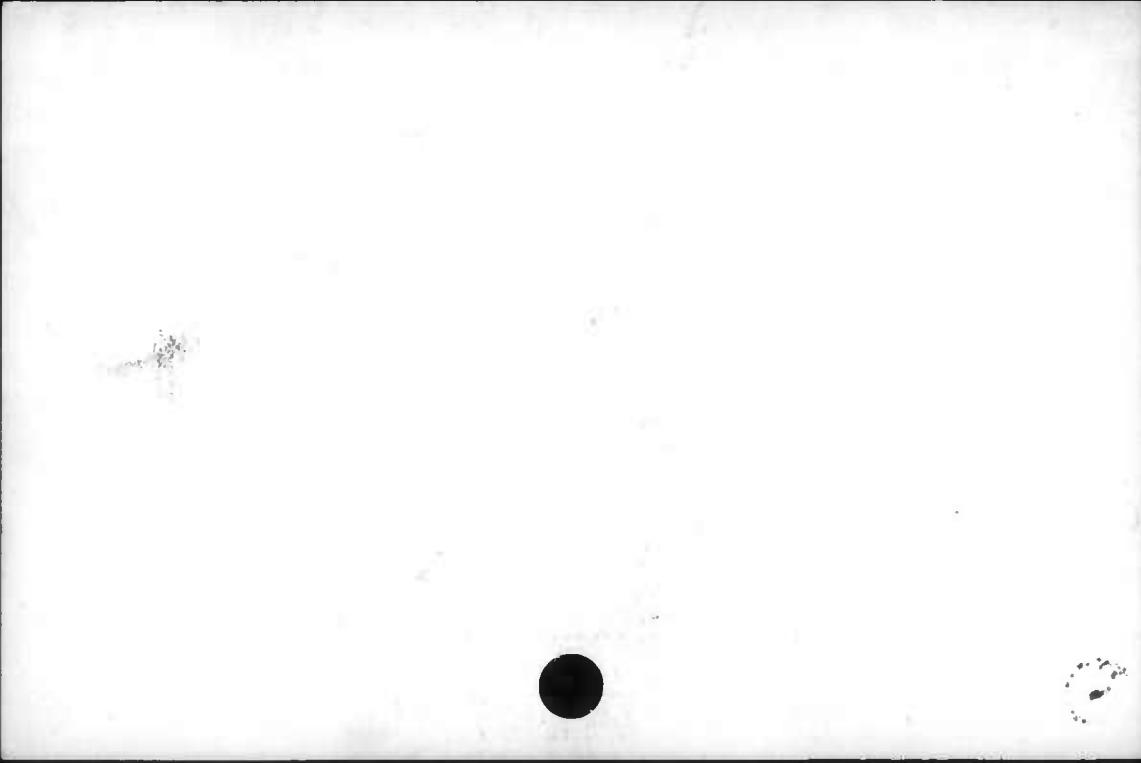
TO BE ANSWERED BY  
NEAREST FRIEND

**Name** William H. Harber  
**Town** Holbrook **County** Baltimore  
**Died at** Holbrook **Month** June **Day** 8 **Years** 69 **Months** **Days** **MARYLAND**  
**Date of death** 1909 **Age** 69  
**Sex** Male **Color or Race** White **Birth-place** Baltimore  
**Occupation** former teacher **Where Residing if not at place of death** Holbrook  
**Married, Single or Widowed** Married **Name of Wife or Husband** Mary Harber  
**Father's Name** James Harber **Father's Birthplace** Baltimore  
**Mother's Maiden Name** Louise Betz **Mother's Birthplace** Baltimore  
**Name of person giving Information** Jerome Gelbart **How related to deceased** Son-in-law

CAUSES OF DEATH

PHYSICIAN  
CORONER

**Primary** Arterio Sclerosis **How long** 6 mo  
**Immediate** Acute Indigestion **How long** 3 days  
**Are the name, age, sex, color, date and place correctly given above?** Yes **Signature of Physician** Wm. S. Bennett  
**Address** 212 N. 1st St. Baltimore  
**Accident or Suicide**





Name  
in  
Full

Patrick Hart

## CERTIFICATE OF DEATH

MARYLAND

Died at 1 Bonnie Brae Town

1 Baltimore County

Date

of death 1909

Month

June

Day

Eight

Age

Years

67

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Merchant

Where Residing if not  
at place of death

Norfolk Va.

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Hart

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Edward Hart

How related  
to deceased

1 Brother

## CAUSES OF DEATH

50

Primary

Diabetes mellitus - Dis. of Liver &amp; ascites

How long

about two years

Immediate

Coma - Asthenia,

How long

Three days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

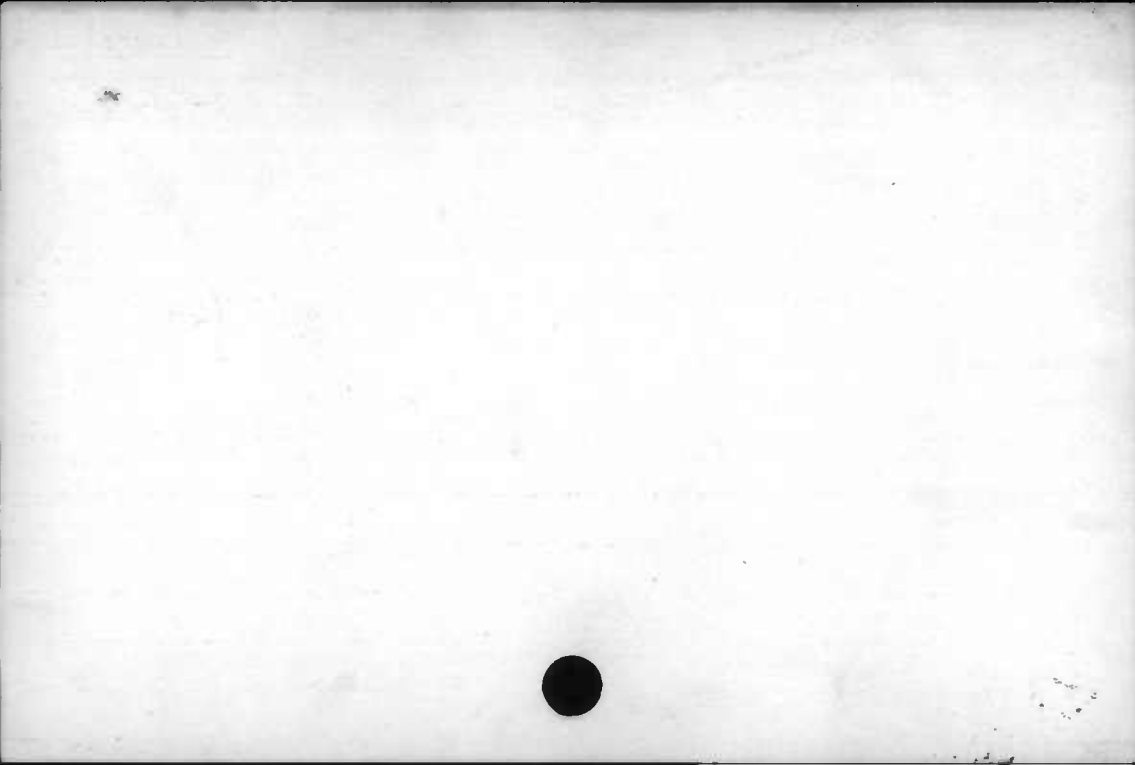
Address

John G. Molladay, M.D.  
714 Frederick Ave  
1 Baltimore

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Chesapeake</b>		Town <b>Balto</b>		County		MARYLAND	
Date of death <b>1909</b>		Month <b>June</b>		Day <b>12</b>		Age <b>39</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Balto City</b>			
Occupation <b>Engineer</b>		Where Residing if not at place of death <b>2415 Castle St Balto City</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>None</b>					
Father's Name <b>Unknown</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving information <b>John R. Debon</b>		How related to deceased <b>None</b>					

## CAUSES OF DEATH

Primary **Heart trouble from**

Immediate **mouth trouble**

How long

How long

Are the name, age, sex, color, date and place correctly given above?

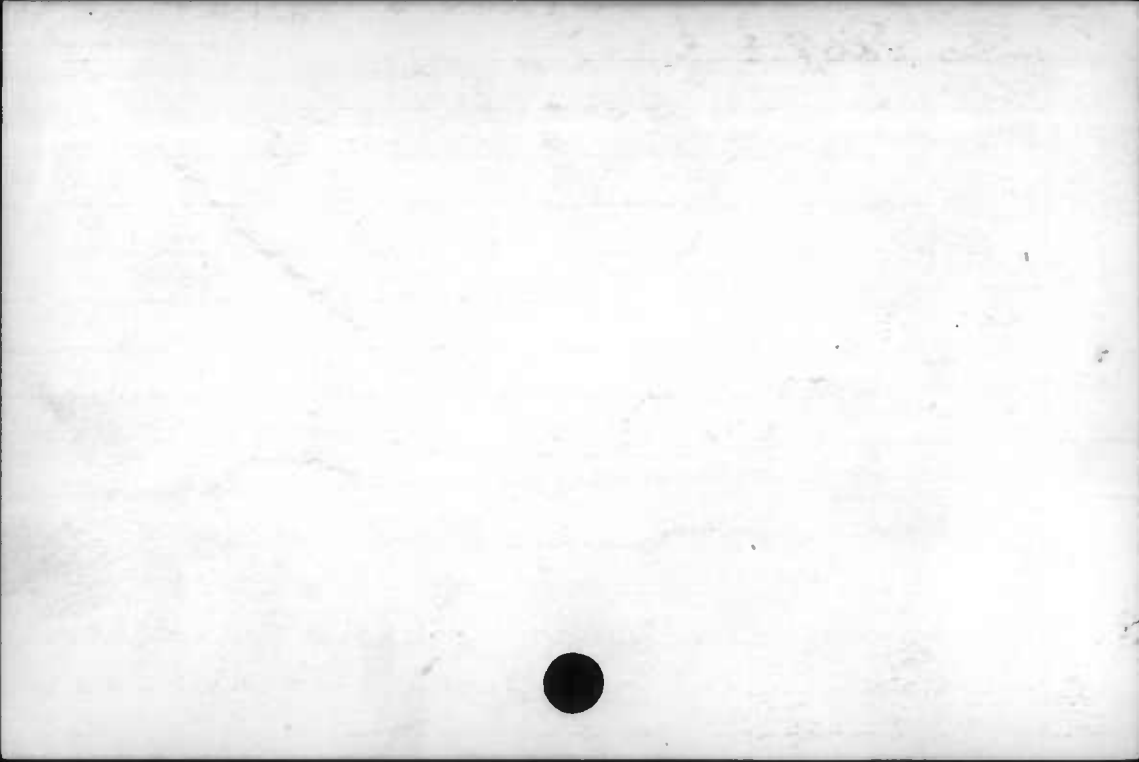
Signature of Physician

Address

**W. S. Sullivan, M.D. (Coroner)**

**32 N.E. Balto St**

Accident or Suicide



Name  
in  
Full

Margaret Parsons Hilbert

## CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown

Town

Baltimore

County

Date

of death

1909 6

Month

Day

19

Age

Years

54

Months

4

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of death

3719 Gough St Highlandtown

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Henry Hilbert

Father's  
Name

Joseph Parsons

Father's  
Birthplace

Md

Mother's  
Maiden Name

Prudella Hardesten

Mother's  
Birthplace

Md

Name of person giving  
In formation

Henry Hilbert

How related  
to deceased

Husband

## CAUSES OF DEATH

79

Primary

Organic disease of heart  
Heart Paralysis

How long

Several years  
about one hour

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. H. Hoffmann  
1627 Entaw Place

Accident or Suicide?

Neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Albert E. Fuller.

M. Oliver Cemetery -

June 22/09. -

Name in Full		CERTIFICATE OF DEATH			
Nathaniel Hill		Town Park 145 - Wythe Ave		County Baltimore	
Died at		MARYLAND			
Date of death 1909		Month June	Day 8	Years 53	Months Days
Sex Male		Color or Race Negro		Birth- place Calvert Co. Md.	
Occupation Coachman		Where Residing if not at place of death 1710 Grand Hill Ave			
Married, Single or Widowed Married		Name of Wife or Husband Unknown			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving information Gertude Thompson		How related to deceased			
<div>CAUSES OF DEATH</div> <div>79</div>					
Primary Heart disease		How long Indefinite			
Immediate Heart Failure		How long Sudden			
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		Wilton P. Hill			
Address		Arlington, Md.			
Accident or Suicide?		Neither			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John M. Hissey* Town *Woodlawn* County *Balto* MARYLAND

Died at *Woodlawn*

Date of death 1909 June 16 Age 85-9 Months 13 Days

Sex *Male* Color or Race *White* Birthplace *Balto Md*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Amanda A Hissey*

Father's Name *Archibald Hissey* Father's Birthplace *Dont Know*

Mother's Maiden Name *Unknown* Mother's Birthplace *" "*

Name of person giving Information *William W Hissey* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infirmitie of Age* How long *3 months*

Immediate *Renal Insufficiency* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. C. Smith* Address *Woodlawn Stn Md.*

Accident or Suicide *—*

Mt Olive Lem  
Jas B. Cook.

Name  
in  
Full

CERTIFICATE OF DEATH

*Mr George Horner*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butts</i> Town		County <i>Balto.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>6</i>	Day <i>13</i>	Age <i>77</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lancaster Pa</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amie Horner</i>				
Father's Name <i>Daniel Horner</i>	Father's Birthplace <i>Lancaster Pa</i>		Mother's Birthplace <i>Lancaster Pa</i>		
Mother's Maiden Name <i>Susan Barr</i>	How related to deceased <i>wife</i>				
Name of person giving information <i>Mr Horner</i>					

CAUSES OF DEATH

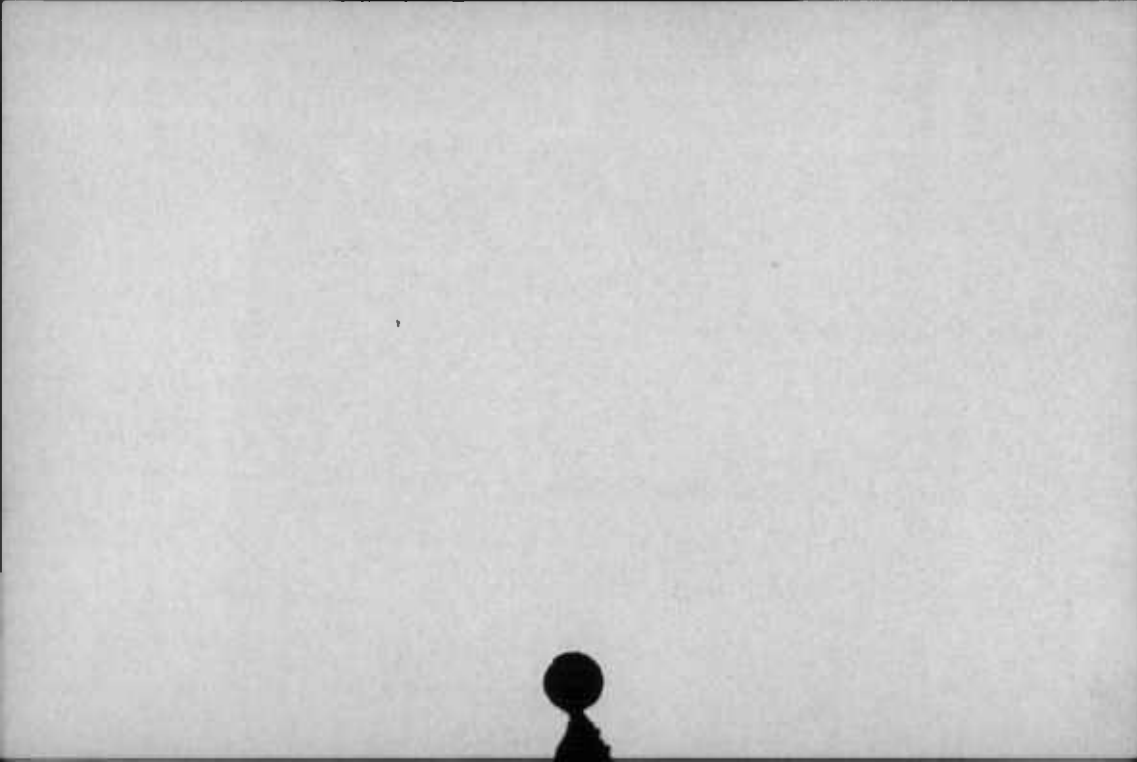
*123*

PHYSICIAN  
OR CORONER

Primary <i>Purulent Cystitis</i>	How long <i>10 months</i>
Immediate <i>Uremic Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Sherman</i>
	Address <i>Glencoe Ind</i>

*1*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Jane Harsenmae  
Town *6th* District County *Baltimore*

MARYLAND

Died at Date of death 1909 June 23 Age 83 Months 4 Days 23

Sex Female Color or Race White Birthplace Md Occupation none Where Residing if not at place of death 6th District

Married, Single or Widowed Widowed Name of Wife or Husband Wilson Housewoman

Father's Name Jacobson Albion Father's Birthplace Md

Mother's Maiden Name Frances Enzor Mother's Birthplace Md

Name of person giving Information Francis Bull How related to deceased Son in Law

CAUSES OF DEATH

Primary acute nephritis. How long 2 weeks

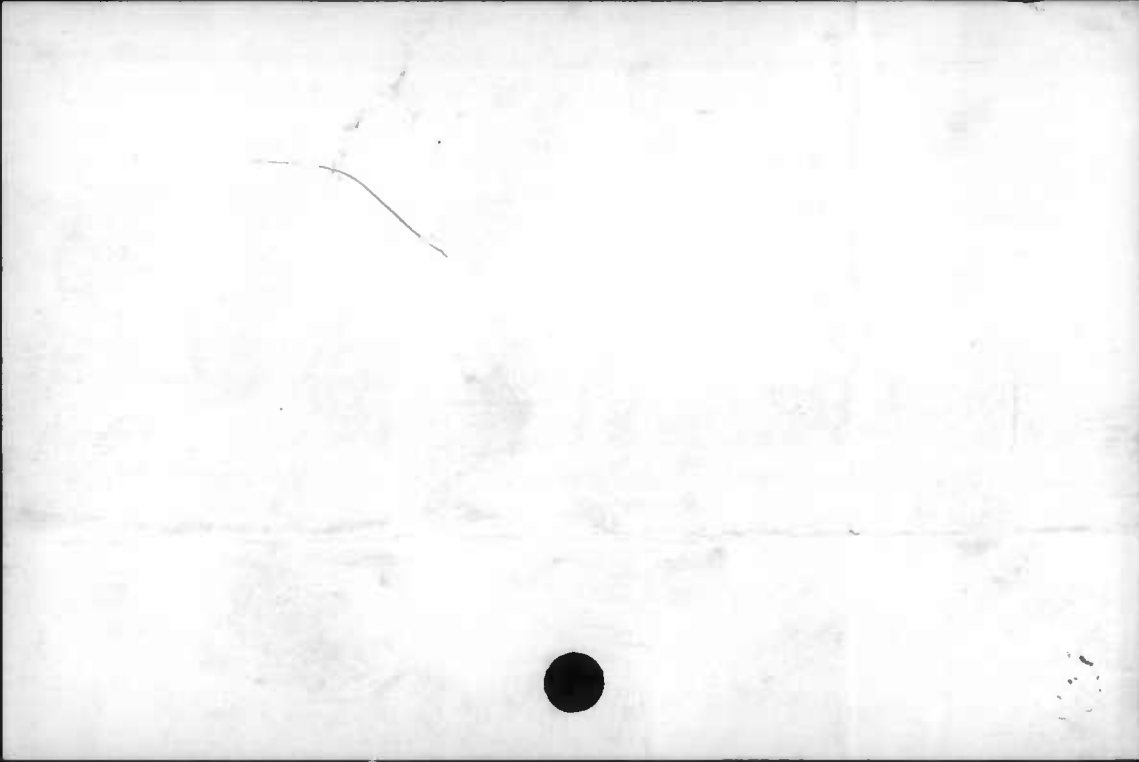
Immediate 2 months

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo J Stone*

Address New Friendship Pa Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mrs Chas. H. Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Long Green</i>		County <i>Bolw. Co.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>27</i>	Years <i>72</i>	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. H. Howard</i>				
Father's Name <i>James Soiens</i>			Father's Birthplace <i>Patawack Neck</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>James H. Howard</i>			How related to deceased <i>Grand Son</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart-disease</i>	How long <i>Several years</i>
Immediate <i>Dilatation &amp; Emphyse</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <i>John A. Green</i>
	Address <i>Sittingg's Md</i>
Accident <i>or Suicide?</i>	





Name  
In  
Full

Josephine Howard

## CERTIFICATE OF DEATH

Died at Catonsville

Town

Baltimore

County

MARYLAND

Date of death 1909 June

Month

Day 20

Age Years

Months

Days 25

Sex female

Color or  
Race

Colored

Birth-  
place

Catonsville

Occupation

Where Residing if not  
at place of death

Catonsville

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Charles Howard

Father's  
Birthplace

Howard Co

Mother's  
Maiden Name

Susie King

Mother's  
Birthplace

Va

Name of person giving  
information

Chas Howard

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

marasmus

How long

151 X  
20 days

Immediate

"

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Marskell B Wrsf.

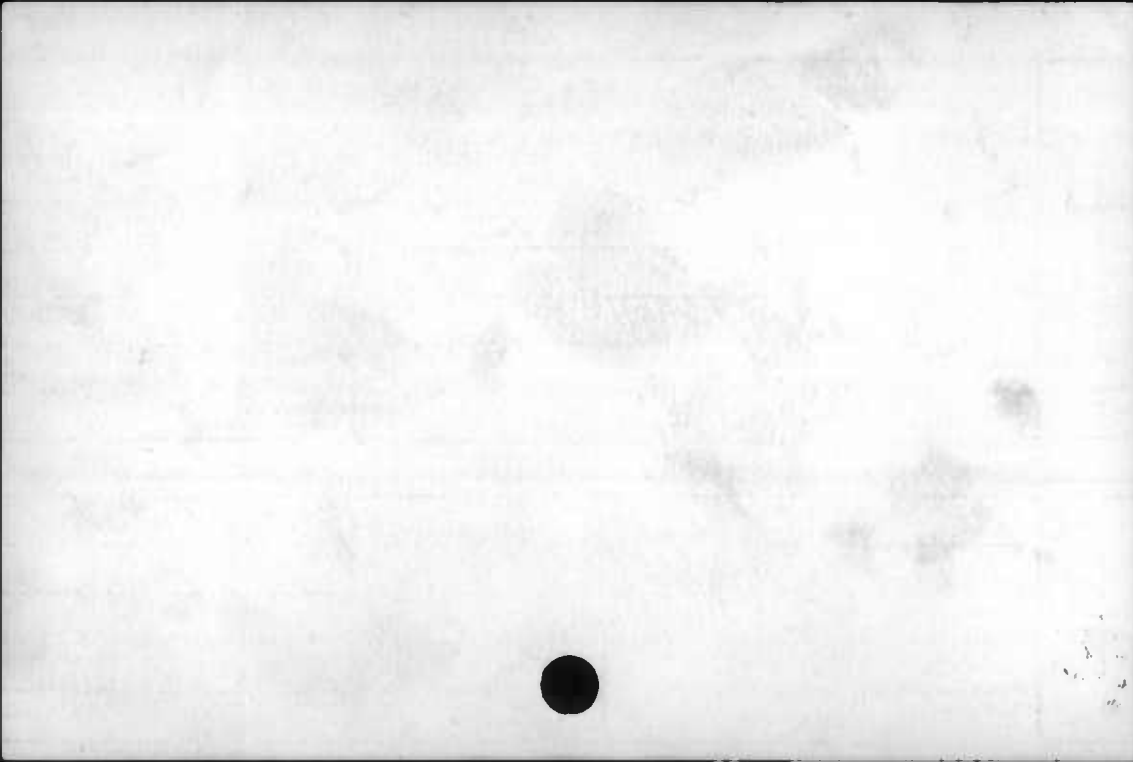
Address

Catonsville

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

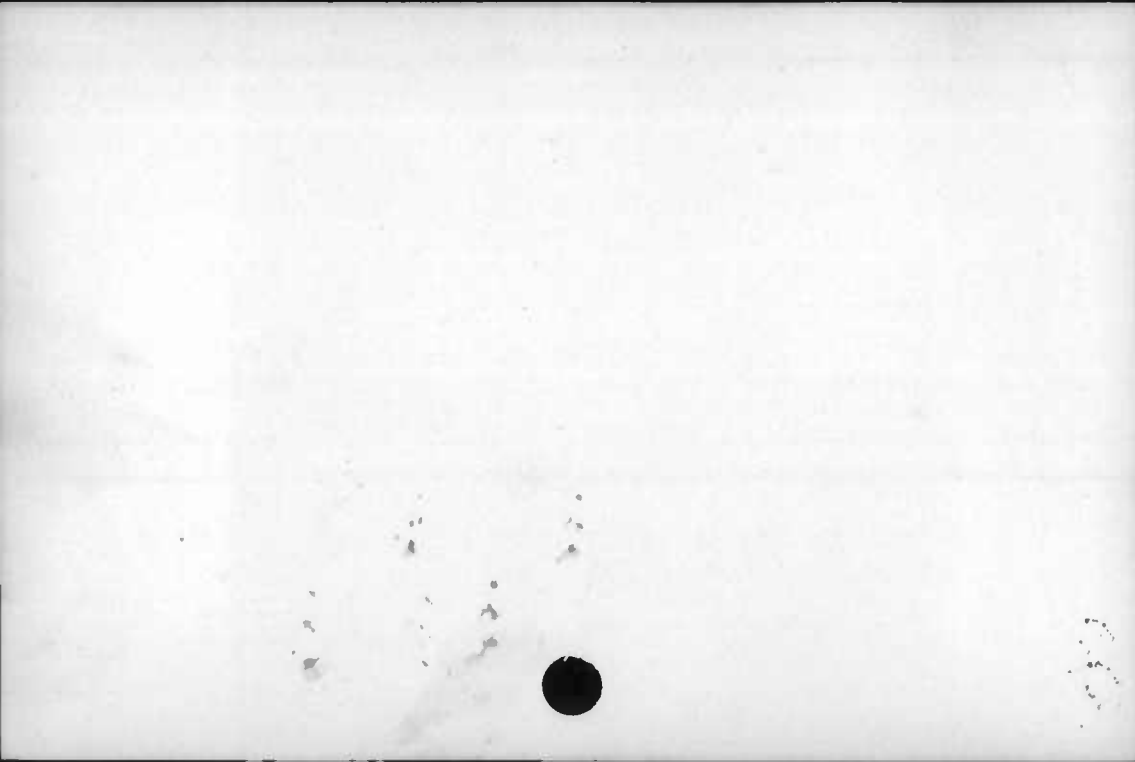
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Hurley, Margaret</i>		Town <i>Leatsville</i>		County <i>Bates</i>		MARYLAND	
Died at		Date of death <i>1909 June 2</i>		Age <i>71</i>		Months <i>7</i> Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> or Husband <i>Arthur Hurley</i>					
Father's Name <i>unk</i>				Father's Birthplace <i>unk</i>			
Mother's Maiden Name <i>unk</i>				Mother's Birthplace <i>unk</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pericarditis of Stomach</i>		How long <i>6 mos</i>	
	Immediate	<i>Exhaustion</i>			How long <i>2 mos</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Gray Wade</i>	Address <i>Leatsville, Md</i>	
	Yes <i>Yes</i> No <i>No</i>				
Accident or Suicide? <i>No</i>					



Name  
in  
Full

Thomas Morgan Hutchins

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Monkton<sup>County</sup> Balto.

MARYLAND

Date of death 1909 June

Day 24

Age 74

Months 5

Days 21

Sex male

Color or  
Race

white

Birth-  
place

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Ellen Hutchins

Father's  
Name

Thos. Morgan Hutchins

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Mary Heinsley

Mother's  
Birthplace

"

Name of person giving  
In formation

Bessie Hutchins

How related  
to deceased

Daughter-in-law

## CAUSES OF DEATH

Primary

Chronic Nephritis

How long

120 yr

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

T. Ross Payne

Address

Corbett  
Md.

8

Accident or Suicide?

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Elizabeth Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr. Winans</i>		County <i>Balt</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>28</i>	Age <i>15</i>	Months <i>5</i>	Days <i>4</i>
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Balt Co. Md.</i>		
Occupation <i>at home</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Theophotis Jackson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Elizabeth Smith</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Theophotis Jackson</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <i>Chlorosis</i>	How long <i>1 yr</i>
Immediate <i>Nephritis &amp; Exanthema</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne Balt Co. Md</i>

Accident or Suicide?

Geo. Hooper

Mt Auburn Cemetery



Name  
in  
Full

Cecelia Jacobs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Orange		County Baltimore		MARYLAND	
Date of death		1909	Month June	Day 19	Age 68	Years	Months 0
Sex Female		Color or Race White		Birth-place Maryland		Days 0	
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband John Charles Jacobs					
Father's Name John Plaine		Father's Birthplace England					
Mother's Maiden Name Not Known		Mother's Birthplace Not Known					
Name of person giving information William B. Rupp		How related to deceased Son					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Cardiac Asthma	How long	1 year
Immediate	Cardiac Exhaustion	How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Geo. Heller M.D.	
Address		1937 Gough St.	
Accident or Suicide?			

Not Curried June 21/09  
H. Sander Sore

Dr. Miller

Name  
in Full

Mary C Jentner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Arlington <sup>Town</sup> Balt. <sup>County</sup> MARYLAND

Date of death 190 9 <sup>Month</sup> 6 <sup>Day</sup> 4 Age 75 <sup>Years</sup> 7 <sup>Months</sup> 16 <sup>Days</sup>

Sex Female Color or Race German Birth-place Germany

Occupation Home Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband John C Jentner

Father's Name Ludwig Schumacher Father's Birthplace Germany

Mother's Maiden Name Salina Heer Mother's Birthplace Germany

Name of person giving Information Anna Johansen How related to deceased Daughter

CAUSES OF DEATH

120

PHYSICIAN  
OR CORNER

Primary Chronic Nephritis - Apoplexy How long 2 yrs

Immediate Uremic Convulsions How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A H Beeton M D

Address MT Washington Md

Accident or Suicide

George Jordan

5/10/09

Western Cemetery

Name  
in  
Full

Edward Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

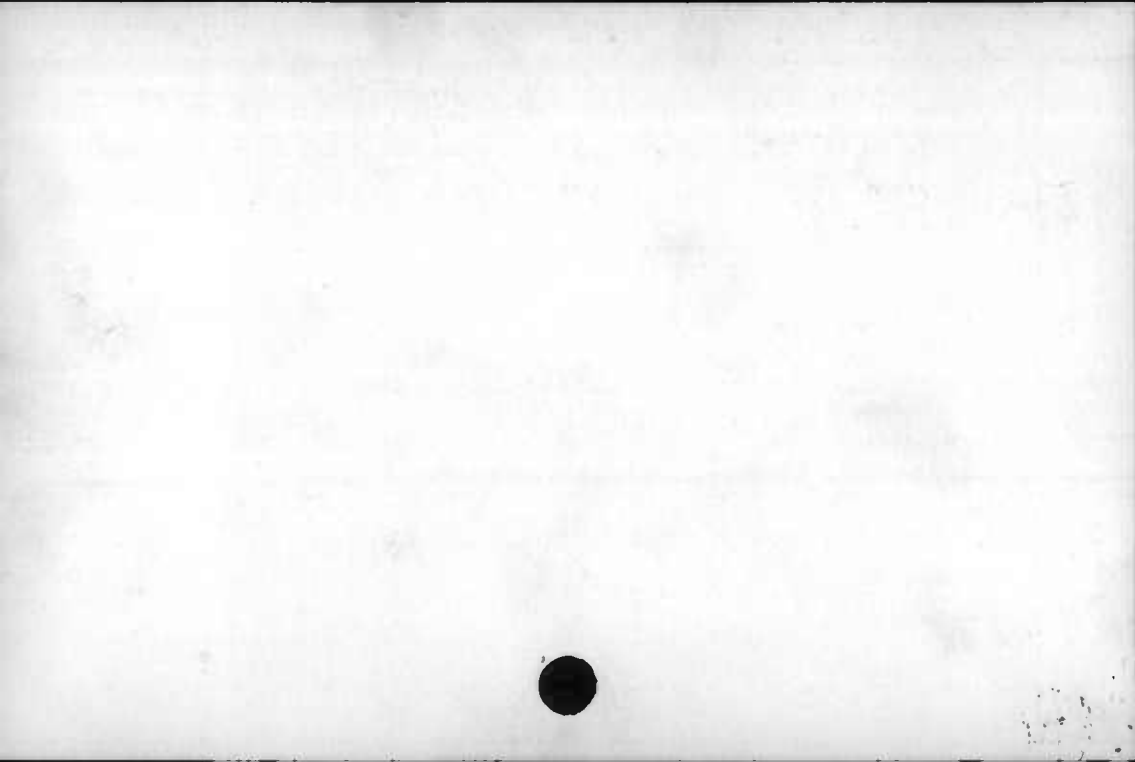
Died at <i>Woodlawn</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>21</i>	Age	<i>—</i> <sup>Years</sup>	Months	<i>3</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Woodlawn</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Frank Johnson</i>			Father's Birthplace	<i>Baltimore Co</i>
Mother's Maiden Name	<i>Core Davis</i>			Mother's Birthplace	<i>Baltimore Co</i>
Name of person giving information	<i>Frank Johnson</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Immaturity - 2 months</i>	How long	<i>2 days</i>
Immediate	<i>Immaturity</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. C. Smith</i>	
<i>—</i>		Address	
<i>—</i>		<i>Woodlawn St</i>	
<i>—</i>		<i>Med.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **Lorane Jones** County **Baltimore**

Died at **Mountain Bldg** Maryland

Date of death **1909 June 17** Age **1** Months **1** Days **1**

Sex **Female** Color or Race **Black** Birth-place **Baltimore**

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed **—** Name of Wife or Husband \_\_\_\_\_

Father's Name **Joseph Jones** Father's Birthplace **Chesapeake**

Mother's Maiden Name **Esther Dyson** Mother's Birthplace **"**

Name of person giving information **Joseph Jones** How related to deceased **father**

## CAUSES OF DEATH

Primary **Whooping Cough** How long **2 weeks**

Immediate **Capillary Bronchitis** How long **3 da**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **T. R. Payne**

Address

**Cope 4****8**

Accident or Suicide?



10



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth King

Town

County

Died at

Ellicott City

Baltimore

MARYLAND

Date

of death 1909 June

Month

Day

13<sup>th</sup>

Years

Age 72

Months

Days

Sex

Female

Color or  
Race

German descent

Birth-  
place

Winchester

Occupation

working woman

Where Residing if not  
at place of death

in Baltimore

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Fred King

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Germany

Name of person giving  
Information

Daniel Easton

How related  
to deceased

not at all

## CAUSES OF DEATH

120

X

Primary

Bright's disease

How long

4 years

Immediate

dropsy

How long

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Thomas B. Orange, M.D.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
CORONER

Easton Son's  
Western Cemetery

Name  
in  
Full

Edwin Char. Kues

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Centr <sup>Town</sup> (1451 S. Chiling) <sup>County</sup> BoltonDate of death 1909 <sup>Month</sup> June <sup>Day</sup> 30 <sup>Years</sup> — <sup>Months</sup> 6 <sup>Days</sup> 13Sex male Color or Race white Birth-place Bolton, Md.Occupation none Where Residing if not at place of death —Married; Single or Widowed — Name of Wife or Husband had noneFather's Name Casper Kues Father's Birthplace Bolton Md.Mother's Maiden Name Josephine Schrecks Mother's Birthplace Bolton Md.Name of person giving information Josephine S. Kues How related to deceased mother

## CAUSES OF DEATH

105

Primary Enteric Colitis (rotted) How long 1 week  
Immediate Eclampsia How long few hoursAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician J. J. O'DonnellAddress Centr + O'Donnell Sts.

Accident or Suicide?

PHYSICIAN  
OR CORONER

1

---

Baltimore Trunk Co.

---

Mt. Carmel Penn.

July, 27 - 1899.

---

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Lansdowne*

Town

County

*Balt*

Date

of death *1909*

Month

*June*

Day

*26*

Age

Years

Months

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Balt Co*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*John Leonard*Father's  
Birthplace*Balt. Md*Mother's  
Maiden Name*Ida M. Griffith*Mother's  
Birthplace*Balt. Md*Name of person giving  
Information*John Leonard*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Still Birth.*

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Frank W. White  
Lansdowne, Md.*

Accident or Suicide?

N. Frick -  
New Cathedral -

Name  
in  
Full

*Agnus. Marie Lewis*

CERTIFICATE OF DEATH

Died at

*Govanstown*

County

*Baltimore*

MARYLAND

Date

of death *1909 June*

Month

Day

*9*

Age

Years

*—*

Months

*—*

Days

*30.*

Sex

*Female*

Color or  
Race

*white*

Birth-  
place

*Govan. Ind*

Occupation

*Infant.*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Inf.*

Name of Wife or  
Husband

*Inf.*

Father's  
Name

*Leo. H Lewis*

Father's  
Birthplace

*Balto co*

Mother's  
Maiden Name

*Margaret. O'Brien*

Mother's  
Birthplace

*Balto City*

Name of person giving  
Information

*Leo. H Lewis*

How related  
to deceased

*Father.*

CAUSES OF DEATH

Primary

*Inanition*

How long

*30 da.*

Immediate

*Exhaustion*

How long

*30 da.*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes.*

Signature of  
Physician

Address

*H. C. Hoess Ind  
Govan. Ind.*

Accident or Suicida

*neither.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1803 North Gate  
Henry L. Mears & Son

St Mary Cemetery  
Gorhamstown



Name in Full <b>Simon, Lieberman</b>		TOWN <b>Towson</b>				COUNTY <b>Baltimore</b>		CERTIFICATE OF DEATH	
Died at		TOWN		COUNTY		MARYLAND			
Date of death		Month		Day		Years		Months	
<b>1909</b>		<b>June</b>		<b>12</b>		<b>52</b>		<b>4</b>	
Age		Sex		Color or Race		Birth-place		Days	
<b>52</b>		<b>male</b>		<b>White</b>		<b>Russia</b>		<b>20</b>	
Occupation		Where Residing if not at place of death		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
<b>Tailor</b>		<b>2017 Eagle St.</b>		<b>Dora Lieberman</b>		<b>Russia</b>		<b>Russia</b>	
Married, Single or Widowed		Name of person giving information		How related to deceased		Father's Name		Mother's Maiden Name	
<b>Married</b>		<b>Samuel Lieberman</b>		<b>son</b>		<b>Samuel Lieberman</b>		<b>not known</b>	
Name of person giving information		How related to deceased		Father's Name		Mother's Maiden Name		Name of person giving information	
<b>Samuel Lieberman</b>		<b>son</b>		<b>Samuel Lieberman</b>		<b>not known</b>		<b>Samuel Lieberman</b>	
CAUSES OF DEATH		27		Primary		Immediate		Are the name, age, sex, color, date and place correctly given above?	
Pulmonary Tuberculosis		1 1/2 mos.		Syncope		60 hrs		yes	
Signature of Physician		Address		Accident or Suicide?		LIBRARY BUREAU ABC16			
<b>Alvin M. Fortin</b>		<b>Endwood, Towson, Md.</b>		<b>no</b>					

Mr Max Levinson  
1620 Mc-caldy

Herrina run cemetery Phila Road

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Ellen H. Lowel* County *Balti*  
 Died at *Wicksiville* Maryland  
 Date of death 1909 *16* Month *1* Day *51* Age *51* Months *-* Days *-*  
 Sex *Female* Color or Race *White* Birth-place *va*  
 Occupation *Housewife* Where Residing if not at place of death *Wicksiville Md*  
 Married, Single or Widowed *Married* Name of Wife or Husband *John H Lowel*  
 Father's Name *William Tolson* Father's Birthplace *Va*  
 Mother's Maiden Name *Edna Recktor* Mother's Birthplace *Va*  
 Name of person giving Information *John H Lowel* How related to deceased *Husband*

## CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *2 years*  
 Immediate *Cardiac Insufficiency* How long *Immediate*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *P. C. Dumm*  
 Address *Woodlawn Sta*  
 Accident or Suicide *—*

PHYSICIAN  
OR CORONER

Ridge Cemetery  
June 3, 1909  
Jos Block

Name  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

(Mc Allen) William L

Died at <sup>Town</sup> Leontonsville <sup>County</sup> Baltimore

State **MARYLAND**

Date of death 1909 June 3 Age 34 Years Months Days

Sex Male Color or Race white Birth-place Maryland

Occupation Farm Laborer Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name William J. Allen Father's Birthplace Md

Mother's Maiden Name Unk Mother's Birthplace Unk

Name of person giving information B. J. Brown How related to deceased None

CAUSES OF DEATH

4 V

PHYSICIAN  
OR CORONER

Primary Malarial fever How long 1 week

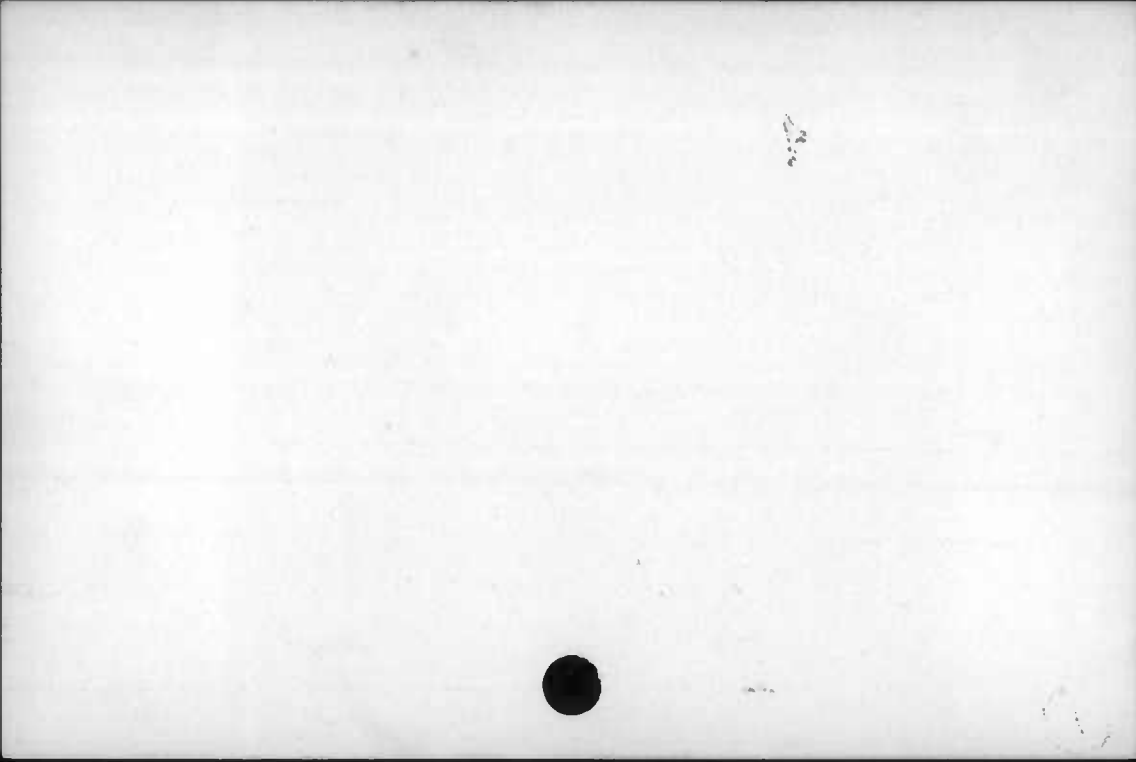
Immediate Pulmonary Oedema How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Percy Wade

Address Leontonsville, Md

Accident or Suicide? No



Name  
in  
Full

Rachel A McCubbin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Burling

Town

County

MARYLAND

Date

of death 1909

Month

Day

Age

Years

Months

Days

9

6

7

65

2

19

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

housekeeper

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

P B McCubbin

Father's  
Name

Benjamin Standiford

Father's  
Birthplace

Md

Mother's  
Maiden Name

Jane Miller

Mother's  
Birthplace

Pa

Name of person giving  
Information

P B McCubbin

How related  
to deceased

Husband

## CAUSES OF DEATH

64

Primary

Apoplexy

How long

brief sudden

Immediate

Cerebral hemorrhage

How long

7 1/2

Are the name, age, sex, color, date  
and place correctly given above?

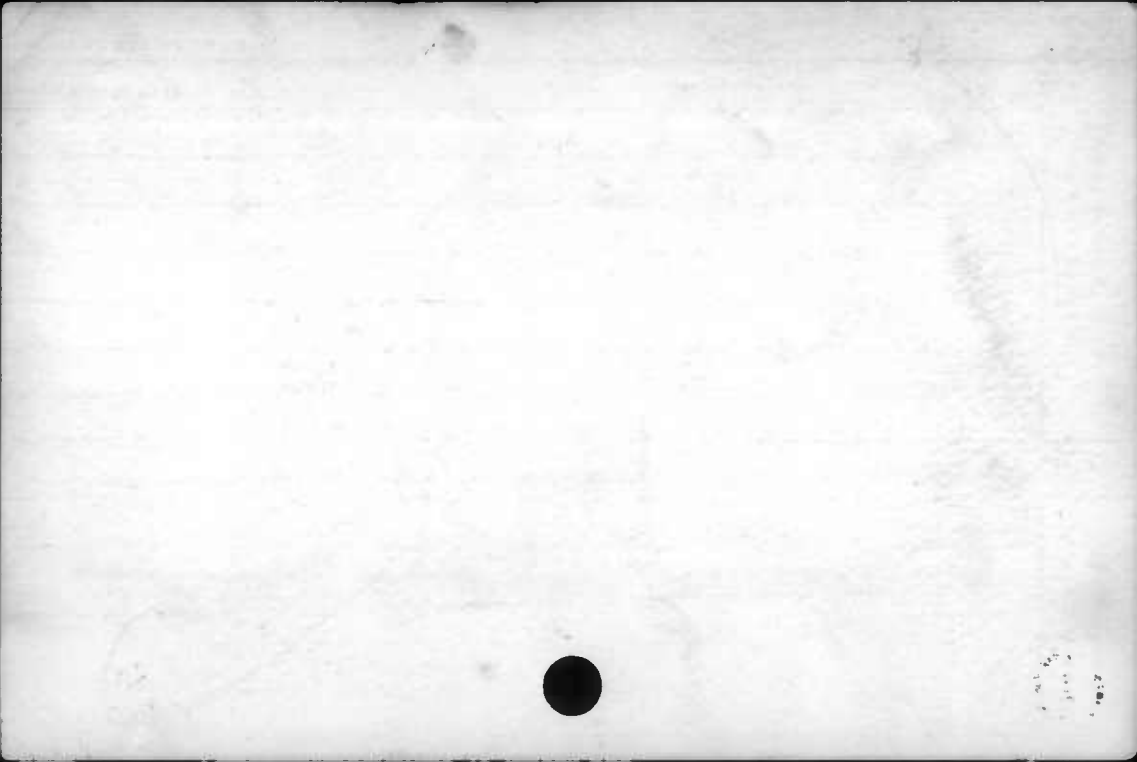
yes

Signature of  
Physician

Address

R R Norris  
Parkton  
MdPHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

Leo Frank Mc Dermott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	24	4	2	3	
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	None			Where Residing if not at place of death	2640 E. Monument		
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Frank J. Mc Dermott			Father's Birthplace	Baltimore		
Mother's Maiden Name	Margaret Doyle			Mother's Birthplace	Baltimore		
Name of person giving Information	Frank J. Mc Dermott			How related to deceased	Father		

CAUSES OF DEATH

Primary	Accident	How long	172
Immediate	Drowning	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	3346 E. Baltimore St		
Accident or Suicide	Accident		

PHYSICIAN  
CORONER

Removal

John A. Munn  
2105 Park -

Name  
in  
FullEdna M<sup>c</sup> Gee

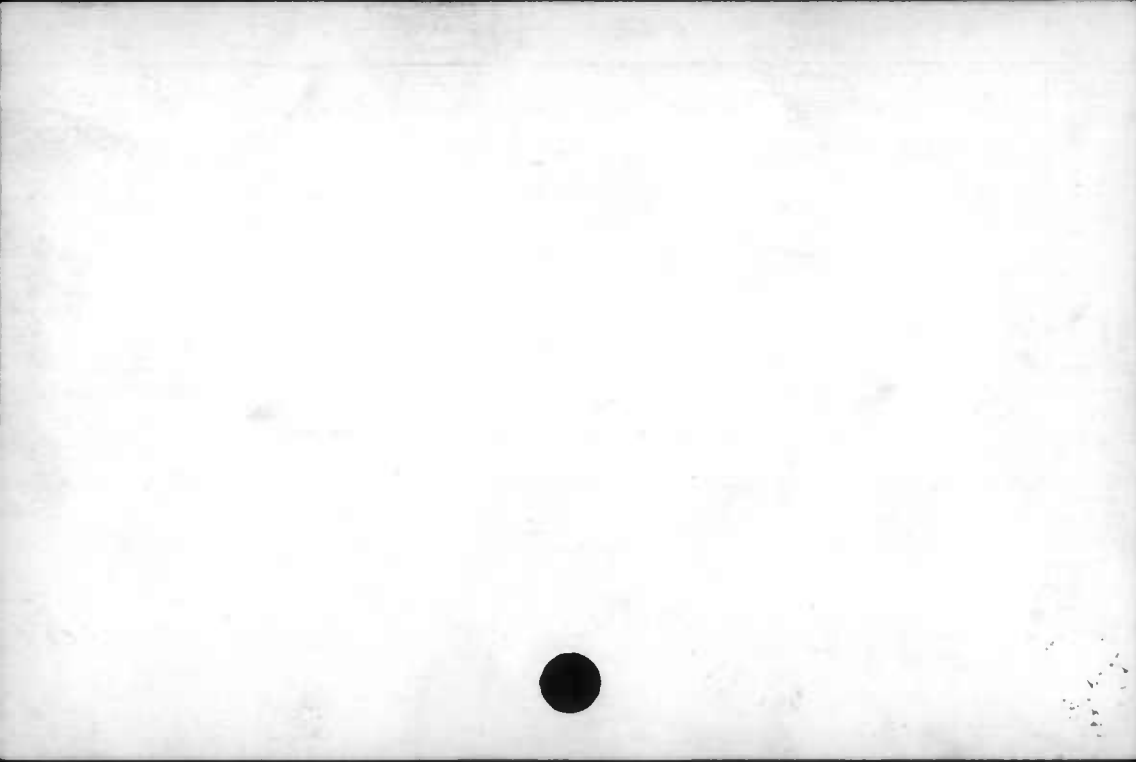
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Spinnis Point Baltimore County MARYLANDDate of death 190 9 June 17 Month Day Age 33 Years Months DaysSex Female Color or Race Black Birth-place VaOccupation House work Where Residing if not at place of deathMarried, Single or Widowed Name of Wife or HusbandFather's Name Mulcaei M<sup>c</sup> Gee Father's Birthplace VaMother's Maiden Name Mary Guins Mother's Birthplace VaName of person giving Information John H. Smith How related to deceased Brother in lawFollowed on miscarriage

CAUSES OF DEATH

137

Primary Peritonitis (perforated) How long 2 weeksImmediate Exhaustion How long 24 hoursAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. C. Elchard M.D.Address Spinnis Point, Md.Accident or SuicidePHYSICIAN  
CORNER



Name  
in  
FullThe *Marrinott* - *Barnhead*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1909	Month	June	Day	18 <sup>th</sup>
Age		Years		Months	8
Sex	male	Color or Race	white	Birth-place	Woodlawn
Occupation			Where Residing if not at place of death		
Married, Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. C. Smith</i>	
		Address	
		<i>Woodlawn</i>	
Accident or Suicide?			

Philip Krowder

Mr. Olin C. C. C. C.

Name  
in  
Full

Mary J. Meisenholder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>June</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>8</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Fred Meisenholder</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Mary Perry</u>	Mother's Birthplace <u>md.</u>				
Name of person giving Information <u>Fred Meisenholder</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

Primary <u>Pneumonia</u>	<b>93</b> <small>How long</small> <u>2 weeks</u>
Immediate <u>Exhaustion</u>	<small>How long</small> <u>few days</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Dr. F. A. Slautz</u>
	Address <u>3241 Eastern Ave</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Mt. Carmel Cemetery  
Herrigson  
6/7/09



Name  
in  
Full

George Mettles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Halethorp P. C.		County Baltimore		MARYLAND	
Date of death	1909	Month 6	Day 18	Age 57	Years	Months 10	Days —
Sex	male		Color or Race	white		Birth- place	Md.
Occupation	Blacksmith			Where Residing if not at place of death Washington Road.			
Married, Single or Widowed	Married		Name of Wife or Husband	Minnie Mettles			
Father's Name	John Mettles					Father's Birthplace	Germany
Mother's Maiden Name	unknown					Mother's Birthplace	Germany
Name of person giving In formation	Estella Mettles					How related to deceased	Daughter

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary	gun shot wound	How long	Immediate
Immediate	shot through lungs & heart	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		August W. Miller, Coroner	
Address		Mr. Williams	
Accident or Suicide?		Suicide	
		Baltimore, Md.	

Jordan & Son  
London Park.

Name  
in  
Full

Fannie Gertrude Michael

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

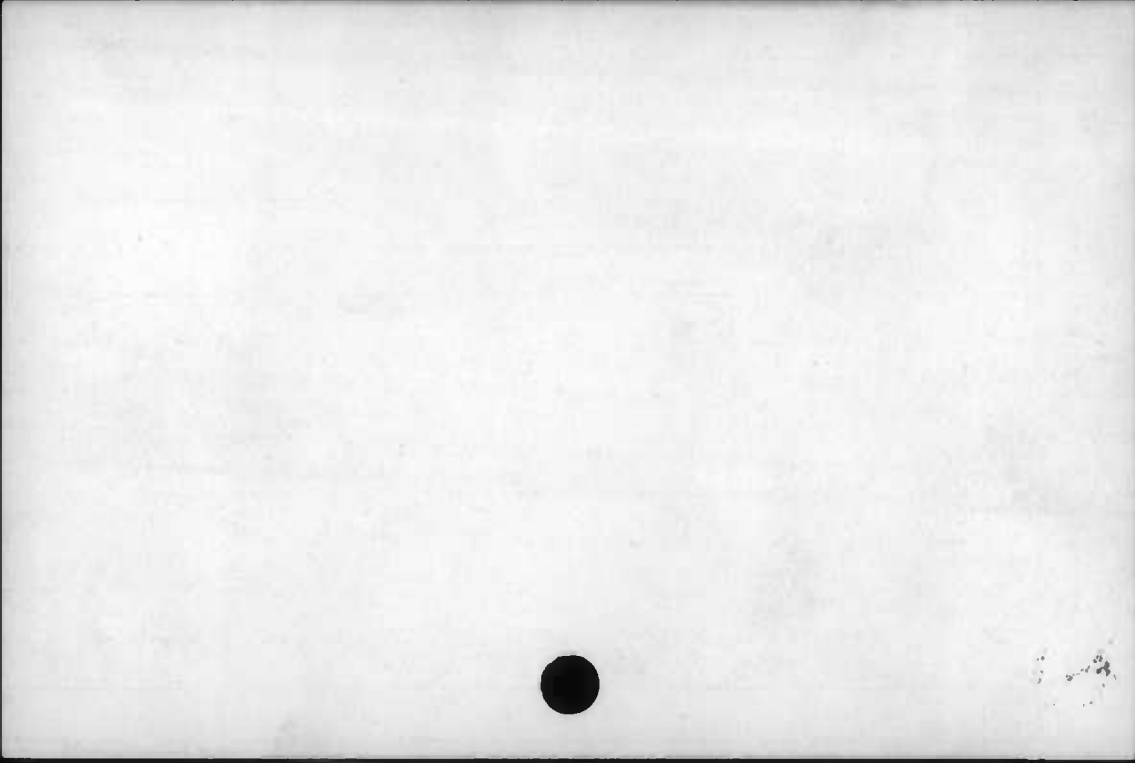
Died at <i>Wilhelmina Park</i>		Town <i>Baltimore</i>		County <i>Co.</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>24</i>	Age <i>24</i>	Years <i>24</i>	Months <i>9</i>	Days <i>10</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore Md</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Chas. H. Michael</i>			
Father's Name	<i>Walter Cras</i>				Father's Birthplace	<i>Baltimore Md</i>	
Mother's Maiden Name	<i>Annie Garner</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Chas H Michael</i>				How related to deceased	<i>none.</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Laryngeal &amp; Pulmonary Tuberculosis</i>		How long	<i>8 mos.</i>
Immediate	<i>Cardiac Asthenia</i>		How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			Address	
			<i>John Houff M.D.</i>	
			<i>15 N. Monroe St</i>	
			<i>Baltimore Md</i>	
Accident or Suicide?		<i>No.</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Bosley's

Balls.

Date

of death

190

9

June

Month

Day

12

Years

Age

24

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Balls. City

Occupation

House wife

Where Residing if not  
at place of death

Bosley's

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Chas. W. Middlekauff

Father's  
Name

John Rhine

Father's  
Birthplace

Balls. City

Mother's  
Maiden Name

Caroline Brack

Mother's  
Birthplace

Balls. City

Name of person giving  
Information

John Rhine

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Purpural Eclampsia + Nephritis

Immediate

Uraemic Poisoning

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. R. Boston Green W.D.  
Lowson  
Md.

Accident or Suicide

John Burns Sons  
Towson

Respect Hill Care

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Georgetown</b> <small>Town</small>		<b>Balto.</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1909</b> <small>Year</small>		<b>June</b> <small>Month</small>		<b>1</b> <small>Day</small>	
<b>Female</b> <small>Sex</small>		<b>White</b> <small>Color or Race</small>		<b>Ind.</b> <small>Birthplace</small>	
<b>Housewife</b> <small>Occupation</small>		<b>Georgetown</b> <small>Where Residing if not at place of death</small>			
<b>Married</b> <small>Married, Single or Widowed</small>		<b>Edgar. L. Mitchell</b> <small>Name of Wife or Husband</small>			
<b>John A. Reine</b> <small>Father's Name</small>		<b>Ind.</b> <small>Father's Birthplace</small>			
<b>Mary A. Reine</b> <small>Mother's Maiden Name</small>		<b>Ind.</b> <small>Mother's Birthplace</small>			
<b>Edgar L. Mitchell</b> <small>Name of person giving Information</small>		<b>Husband</b> <small>How related to deceased</small>			
<b>CAUSES OF DEATH</b>					
<b>Primary</b>		<b>Chronic Pulmonary Tuberculosis</b> <small>How long</small> <b>Years</b>			
<b>Immediate</b>		<b>Cxhaustion</b> <small>How long</small>			
Are the name, age, sex, color, date and place correctly given above?		<b>Yes</b>			
		<b>Dr. W. F. Clayton</b> <small>Signature of Physician</small>			
		<b>Overlea Ind.</b> <small>Address</small>			
<b>Accident or Suicide</b>					

**27** ✓

PHYSICIAN  
OR CORONER

Mount Olivet Cemetery

F. Lassahours



Name  
in  
Full

Ruth Moon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Forest Park</b>		Town		<b>Balto</b>		County	
Date of death <b>1909 June 27</b>		Month		Day		Years	
Age <b>72</b>		Months		Days		MARYLAND	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Balto City</b>			
Occupation <b>none</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Edward Moon</b>					
Father's Name <b>William Eden</b>		Father's Birthplace <b>Balto</b>					
Mother's Maiden Name <b>Anne B. Anderson</b>		Mother's Birthplace <b>Balto</b>					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

169

How long

Primary

Age Prostration from Heart.

How long

3 days -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Edward J. London  
2112 N. Charles St.

Accident or Suicide

PHYSICIAN  
OR CORONER

For Interment at  
Green Mount Cemetery  
on June 30-09

E. Madison Mitchell  
1201 W. Fayette St.  
Balto. Md.

Name  
in  
Full

Margaret Mundlerio

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

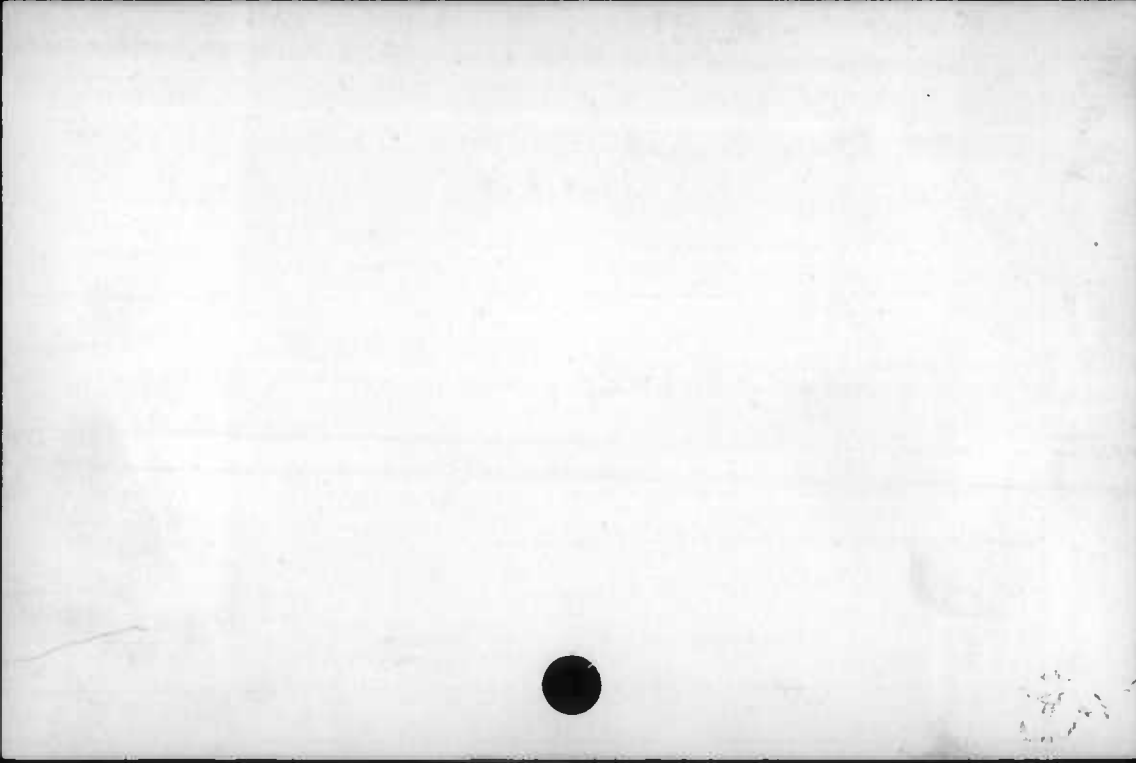
Died at <i>Catonsville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup> <i>City</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>June</i>	Day	<i>23</i>
Age		<i>81</i>	Years	Months	<i>19</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Inglenide Ave 606</i>		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband <i>Louis Mundlerio</i>			
Father's Name	<i>Bowers</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>Germany.</i>
Name of person giving information	<i>Mrs Rosa Haisel</i>			How related to deceased	<i>Grandchild</i>

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of the breast</i>	How long?	<i>6 years</i>
Immediate	<i>Marasmus</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Dr. A. H. A. Mayer</i>	
Address		<i>1618 Madison Ave. Baltimore</i>	
Accident or Suicide?		<i>no.</i>	



Name  
in  
Full

Ellen M Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

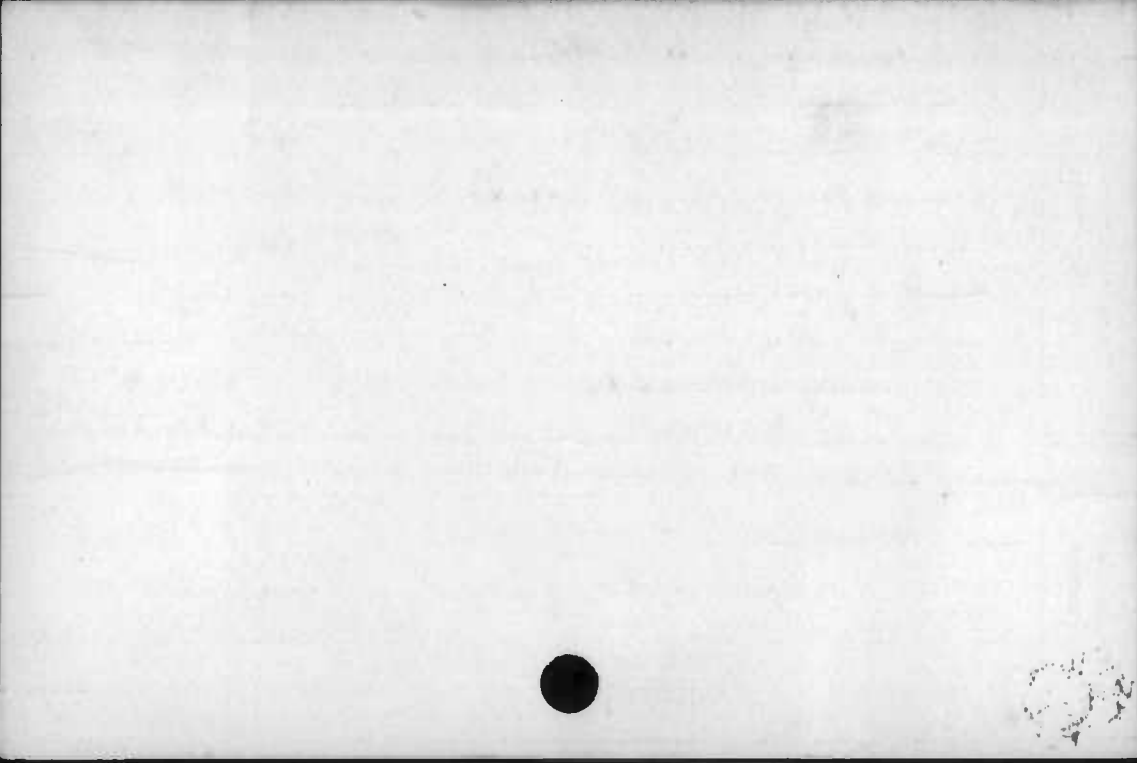
Died at <u>Crants</u> <sup>Town</sup>		<u>Baileys</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	June	Day	24
Age	—		Years	—	
Sex	Female		Color or Race	White	
Occupation	None		Birth-place	Ind	
Where Residing if not at place of death			Same		
Married, Single or Widowed			Single		
Name of Wife or Husband			—		
Father's Name			P H Murray		
Father's Birthplace			Ind		
Mother's Maiden Name			Ellg Baith		
Mother's Birthplace			Ind		
Name of person giving information			P H Murray		
How related to deceased			Father		

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	<u>Congenital Dropsy</u>	How long	<u>5 days</u>
Immediate	<u>Peritonitis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>R. J. Staple and</u>	
Address		<u>Crants Ind</u>	
Accident or Suicide?		—	



Name  
in  
Full

Sarah Francis Haylor.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeysville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1909	Month	6	Day	8
Age	34	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Ind.
Occupation	Housewife		Where Residing if not at place of death <i>Cockeysville. Md.</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>Augustus R. Haylor.</i>		
Father's Name	<i>John Eaton</i>			Father's Birthplace	<i>Penna.</i>
Mother's Maiden Name	<i>Annice Booley.</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Augustus Haylor.</i>			How related to deceased	<i>Husband.</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two years.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>Wilmer C. Enos M.D.</i>
		Address	<i>Cockeysville Md.</i>
Accident or Suicide?	<i>No</i>		

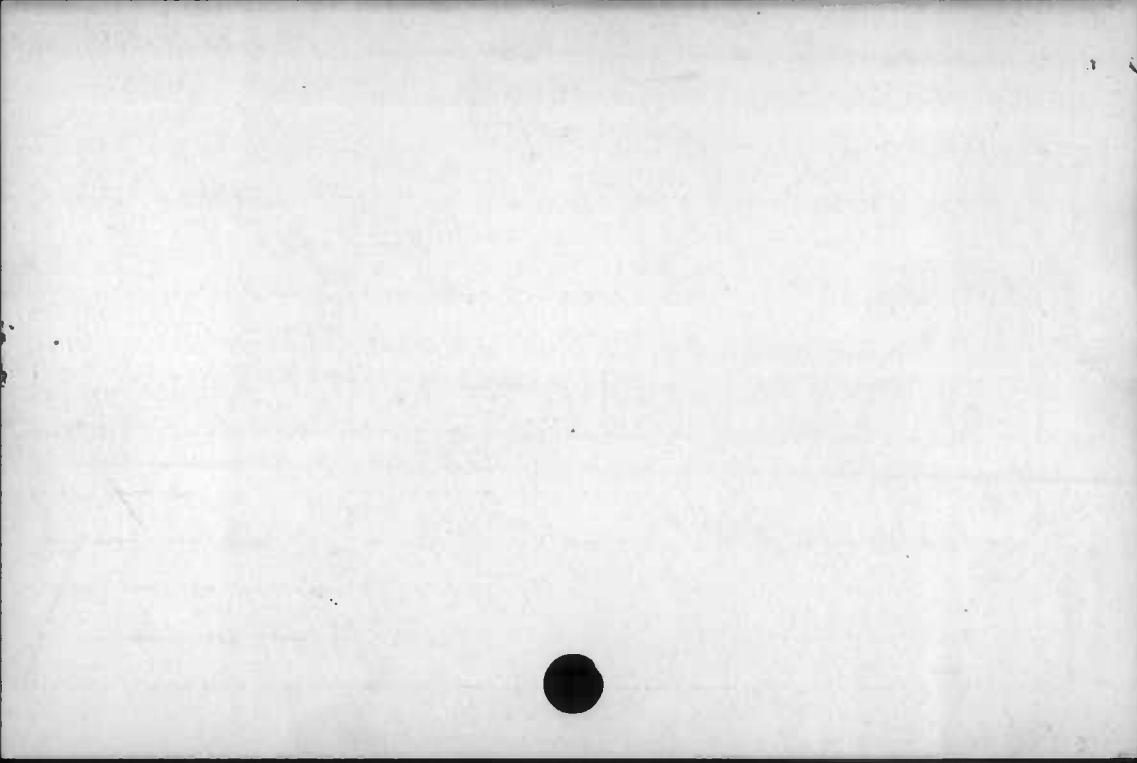
Funeral at Mt-Zion

Friday 11<sup>th</sup>

M. C. Brooks



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore</i>		County <i>Baltimore</i>	
		Date of death 190 <i>9 June</i>		Age <i>2</i>	
		Month <i>June</i>		Days <i>10</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>	
		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. W. Oler</i>		Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>Tena Arnold</i>		Mother's Birthplace <i>Balto Co.</i>			
Name of person giving information <i>J. W. Oler</i>		How related to deceased <i>Father</i>			
		CAUSES OF DEATH		(9) ✓	
Primary <i>Diphtheria</i>		How long <i>4 days</i>			
Immediate <i>Heart failure</i>		How long <i>5</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>L. J. Gray, M.D.</i>			
		Address <i>2466 Druid Hill Ave</i>			
Accident or Suicide?				<i>Balto.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Lerisa Ott*  
 Town *Baltimore* County *Baltimore*

MARYLAND

Died at *On Annapolis Road*

Date of death *1909* Month *June* Day *14* Age *1* Month *6* Day

Sex *Female* Color or Race *White* Birth-place *Balts. City*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married~~ Single ☒ Name of Wife or Husband *Infant*

Father's Name *Michael Ott* Father's Birthplace *Germany*

Mother's Maiden Name *Sophie Schmorkrick* Mother's Birthplace *Germany*

Name of person giving Information *Walter Schmorkrick* How related to deceased *Indelible Mark*

## CAUSES OF DEATH

92

Primary *BronchoPneumonia* How long *one week*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. A. Hill M.D.*

Address *1001 Edmondson*  
*Balt. City*

Accident or Suicide

PHYSICIAN  
OR CORONER



St Stanislaus,

M. F. Sadowski,

40 703 S. Ann St.

Balt. city.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Stanley Luellen Parron  
 Died at Brownsville <sup>Town</sup> Baltimore <sup>County</sup>

MARYLAND

Date of death 1909 June <sup>Month</sup> 21 <sup>Day</sup> Age 11 <sup>Years</sup> 11 <sup>Months</sup> 11 <sup>Days</sup>

Sex Male Color or Race Black Birth-place Maryland

Occupation none Where Reiding if not at place of death Resided at place of death

Married, Single or Widowed Single Name of Wife or Huaband \_\_\_\_\_

Father's Name Wm A Parron

Father's Birthplace Maryland

Mother's Maiden Nema Mary Payne

Mother's Birthplace Maryland

Nama of person giving Information Wm A Parron

How related to deceased Father

## CAUSES OF DEATH

93

Primary Pneumonia with Meningitis

How long 10 days

Immediate same

How long same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Arthur Williams

Address Elk Ridge Ind

Accident or Suicide no

PHYSICIAN  
OR CORONER

George Hooper  
Crowdenville - Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John N. Peetz

Town

County

District

Canton

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

June

30<sup>th</sup>

Age

72

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Dairyman

Where residing if not  
at place of death

3849 O. Donnell St

Married, Single  
or Widowed

Widower

Name of Wife or  
Huaband

Kunigunda Peetz

Father's  
Name

Don't know

Father's  
Birthplace

Germany

Mother's  
Maidan Nama

Don't know

Mother's  
Birthplace

" "

Name of parson giving  
Information

Catharine Reuter

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Chronic nephritis

How long

unknown

Immediata

Eclampsia

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

M. J. McAvoy M.D.  
239 S. Canton St.

Accident or Suicide

Holy Redeemer  
Cemetery

July 3<sup>rd</sup> 1909

Lilly and Zeiler  
Undertakers



Name

in  
Full

Elizabeth Peters

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Heathbrook <sup>County</sup> Balto

MARYLAND

Date of death 1909 June 20 Age Years Months 42 Days

Sex Female Color or Race col. Birth-place Heathbrook

Occupation None Where Residing if not at place of death same

Married, Single or Widowed Name of Wife or Husband

Father's Name Albert Peters Father's Birthplace Md

Mother's Maiden Name Mary L. Smith Mother's Birthplace Md

Name of person giving information Mary L. Peters How related to deceased Mother

## CAUSES OF DEATH

8

Primary Pertussis How long 3 or 4 days

Immediate Broncho-Pneumonia How long 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W H Pearce

Address 2105 Ehar st

Accident or Suicide? No Baltimore Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Alay Hansley  
578 W Biddle St  
          

interview with Helburn  
Cannery

Name  
in  
Full

Allie Pippin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		16th Lane 10		Baltimore		Maryland	
Date of death		190	June	27	Age	6	Months
Sex		Female		Color or Race		Colored	
Occupation		In Fam.		Where Residing if not at place of death		10 Speth Lane	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Robt. H. Pippin		Father's Birthplace		Baltimore	
Mother's Maiden Name		Allie Richy		Mother's Birthplace		"	
Name of person giving information		Carry Pippin		How related to deceased		Brother	

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Intest. Enteritis	How long	Two weeks
Immediate	Ac Peritonitis	How long	About 48 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edw. Howard M.D.	
Address		130 Robert St.	
Accident or Suicide?			

Laurel Cemetery  
June 28-89.  
A. S. Marshall  
3839 Fall Road

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John F. Poetzell</i>		Town <i>Banton</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death		Month		Day	
		<i>1909</i>		<i>June</i>		<i>11</i>	
Sex <i>Male</i>		Color <i>White</i>		Age <i>4</i>		Months <i>3</i>	
Occupation <i></i>		Birthplace <i>Maryland</i>		Days <i>27</i>			
Where Residing at place of death <i>1008 S. Clinton St.</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles M. Poetzell</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Katherine E. Bocklage</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Katherine E. Poetzell</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

**61**PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>		How long <i>10 days</i>	
Immediate <i>Convulsion Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. Atney</i>	
Address <i>3200 Hudson St</i>			
Accident or Suicide? <i>No</i>			

Girkler & Girkler  
1739 E. Eager St.

- - - - -

Sacred Heart Cemetery

June 14-1909

Name  
in  
Full

CERTIFICATE OF DEATH

Alexandra Powell

MARYLAND

Died at *Riatastown*

County *Balto*

Date of death 1909 June 28

Age 24

Sex *Male*

Color or Race *Colored*

Birth-place *Balto City*

Occupation *Gravy Driver*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Stella Powell*

Father's Name *James E. Powell*

Father's Birthplace *Nt Comery*

Mother's Maiden Name *Myrtha Wilson*

Mother's Birthplace *Balto Co. Md*

Name of person giving Information *Martha Powell*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*

How long 7 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

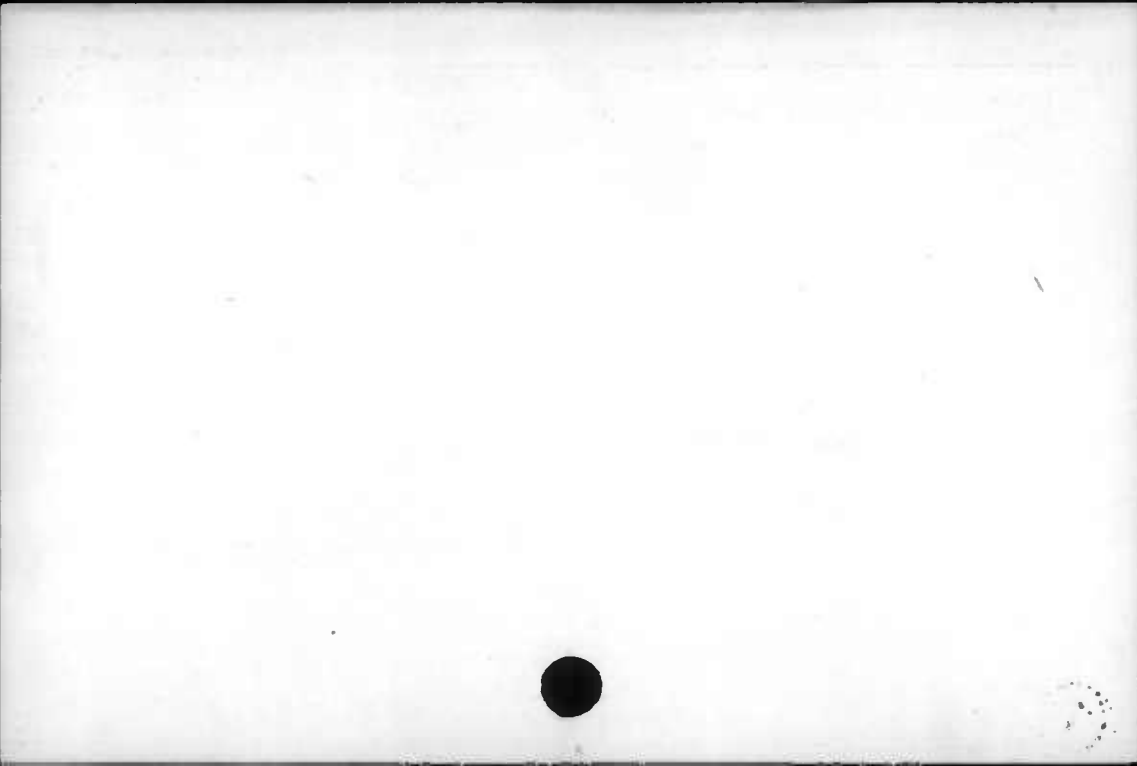
Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

Elsie Jane Runte

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Overlea Town Balls County MARYLAND

Date of death 1909 June Month 1 Day Age Years 11 Months 12 Days

Sex Female Color or Race White Birth-place Overlea

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single

Name of Wife or Husband \_\_\_\_\_

Father's Name

Frank Runte

Father's Birthplace

Balls City

Mother's Maiden Name

Bertha Duval

Mother's Birthplace

Calverton, Md.

Name of person giving Information

Frank Runte

How related to deceased

Yatter D.

## CAUSES OF DEATH

27

Primary

Acute Pulmonary Phthisis

How long

about 4 Months

Immediate

Exhaustion

How long

about 2 Wks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. W. F. Clayton  
Overlea, Md.PHYSICIAN  
OR CORONER

1

Accident or Suicide

Jerusalem Cemetery

F. Lassahn & Sons

Name  
in  
Full

Chas. Henry Quickley

## CERTIFICATE OF DEATH

Town

County

Died at

Hydes Hydes,

Balt-

MARYLAND

Date

of death 1909

Month

June

Day

19

Age

Years

1

Months

6

Days

—

Sex

male

Color or  
Race

Black-

Birth-  
place

Kennebelle

Occupation

Infant-

Where Residing if not  
at place of death

Hydes-

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Henry Quickley

Father's  
Birthplace

Kennebelle

Mother's  
Maiden Name

Eliza Anderson

Mother's  
Birthplace

Hydes

Name of person giving  
In formation

William Henry Quickley

How related  
to deceased

Father

## CAUSES OF DEATH

105

X

Primary

Gastro Enteritis

How long

2 1/2 weeks

Immediate

Meningitis

How long

one week-

Are the name, age, sex, color, date  
and place correctly given above?

Yes

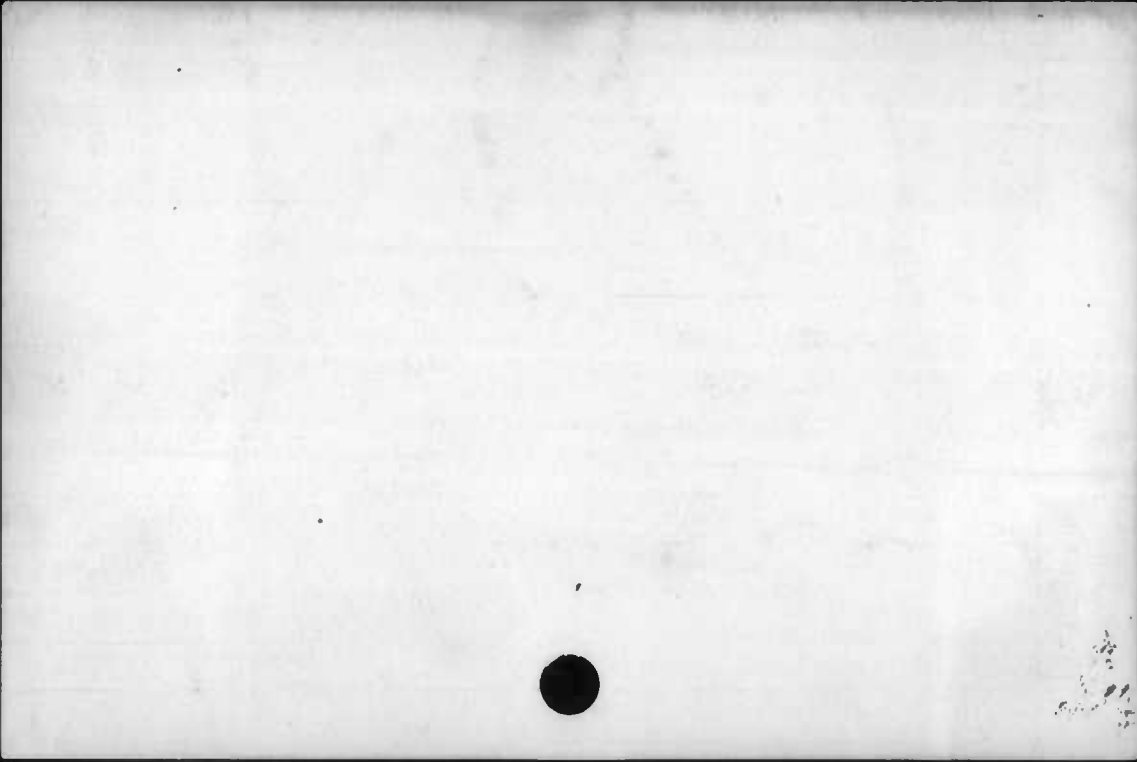
Signature of  
Physician

Address

John A. Green  
Gitting  
Md. 11

Accident — Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Allen Quickley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Lefeb</i>		County <i>Balto</i>		MARYLAND	
Date of death		1909	Month <i>6</i>	Day <i>4</i>	Age <i>63</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Coblered</i>		Birth-place <i>Baltimore</i>			
Occupation <i>cook</i>		Where Residing if not at place of death <i>Lefeb</i>					
Married, <del>Single</del> <i>or Widowed</i>		Name of Wife or Husband <i>Allen Quickley</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Walker Jones</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

93

PHYSICIAN OR CORONER	Primary	<i>Pleurisy &amp; Pneumonia</i>	How long	<i>5 days.</i>
	Immediate	<i>Cardiac Dilatation</i>	How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. F. Bunch M.D.</i>	
			Address <i>Lefeb Ind.</i>	
Accident or Suicide?				

Funeral at Foot-  
Cemetery Corhessville  
6 a

Mr. C Brooks

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

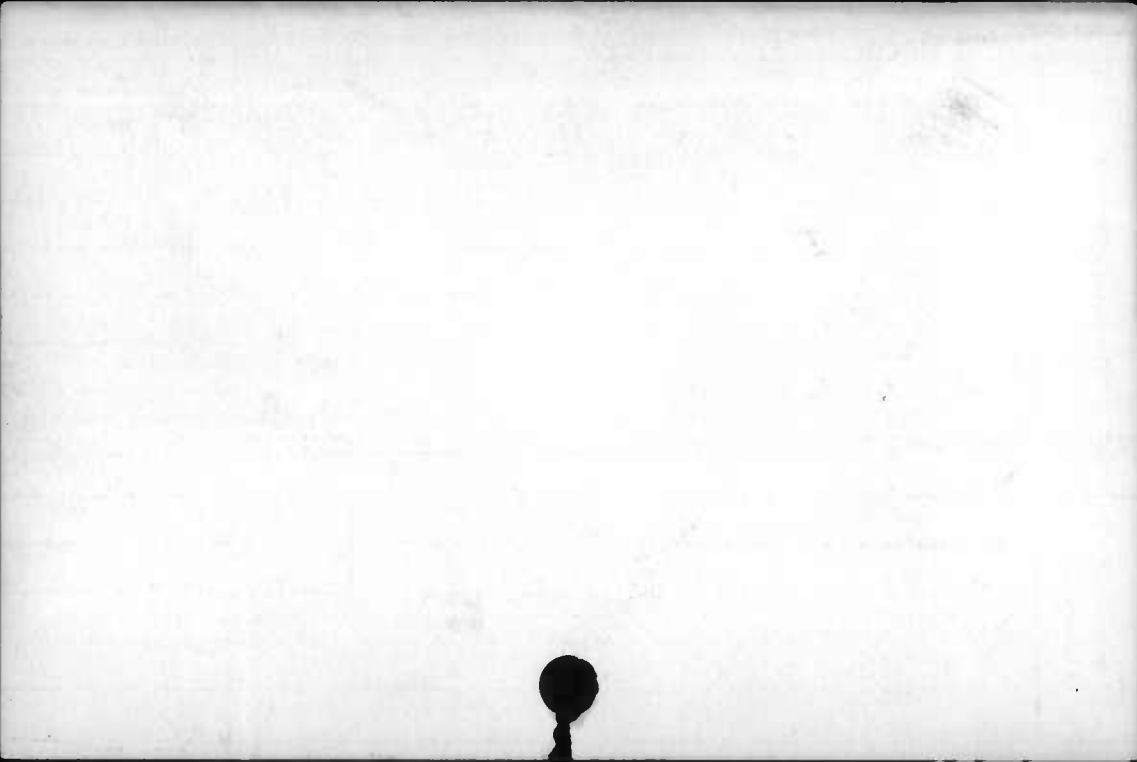
Died at <i>Loch Raven</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jun.</i>	Day <i>15</i>	Age <i>86</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Harford Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> or Husband <i>James M. Ramsay (deceased)</i>				
Father's Name <i>John Street</i>	Father's Birthplace <i>Harford Co. Md.</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Nancy Rutledge</i>	How related to deceased <i>Daughter in Law</i>		Name of person giving information <i>Anna Ramsay</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>Not known</i>
Immediate <i>Pneumoniae</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Green</i>
	Address <i>Chittings</i>
Accident <i>on</i> <del>Causes?</del>	<i>Md. 11</i>





Name  
in  
Full

Mary A Recker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Nt Winans</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>10</i>	Age <i>no</i>	Months <i>8</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Nt Winans</i>				
Married, Single or Widowed <i>infant</i>	Name of Wife or Husband <i>infant</i>				
Father's Name <i>William Recker.</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Mary S Higdon</i>	Mother's Birthplace <i>Baltimore co.</i>				
Name of person giving information <i>William Higdon</i>	How related to deceased <i>father.</i>				

## CAUSES OF DEATH

105

How long

Primary

*Dys colitis*

How long

Immediate

*Convulsions**6 hours.*

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

Address

*Reglamm*  
*Nt Winans*  
*md. 13*

Accident or Suicide?

PHYSICIAN  
OR  
DRUGGIST

A. Huel-

New Collected

Country -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full *Annie Regent* Town *Poolesburg* County *Beth.*

Died at *Poolesburg*

Date of death *1900 June 30* Age *9* Years *10* Months *9* Days *10*

Sex *female* Color or Race *white* Birth-place *Ind.*

Occupation *none* Where Residing if not at place of death *"*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Nicholas Regent* Father's Birthplace *24 yrs*

Mother's Maiden Name *Eva Henning* Mother's Birthplace *2 yrs*

Name of person giving information *Nicholas Regent* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Heart and Lungs* How long *1 week*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm D Ford MD*

Address *Garfieldville Ind.*

Accident or Suicide? *No*

Wally Redeemer

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Andrew Reh

Town

County

MARYLAND

Died at

Freeland

Baltimore

Date

of death

1909 June

Month

Day

13

Age

Years

24

Months

11

Days

27

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland.

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Annie G. Reh

Father's  
Name

George Reh

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Josephine P. Foranoh

Mother's  
Birthplace

Germany

Name of person giving  
Information

Annie G. Reh.

How related  
to deceased

Wife.

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

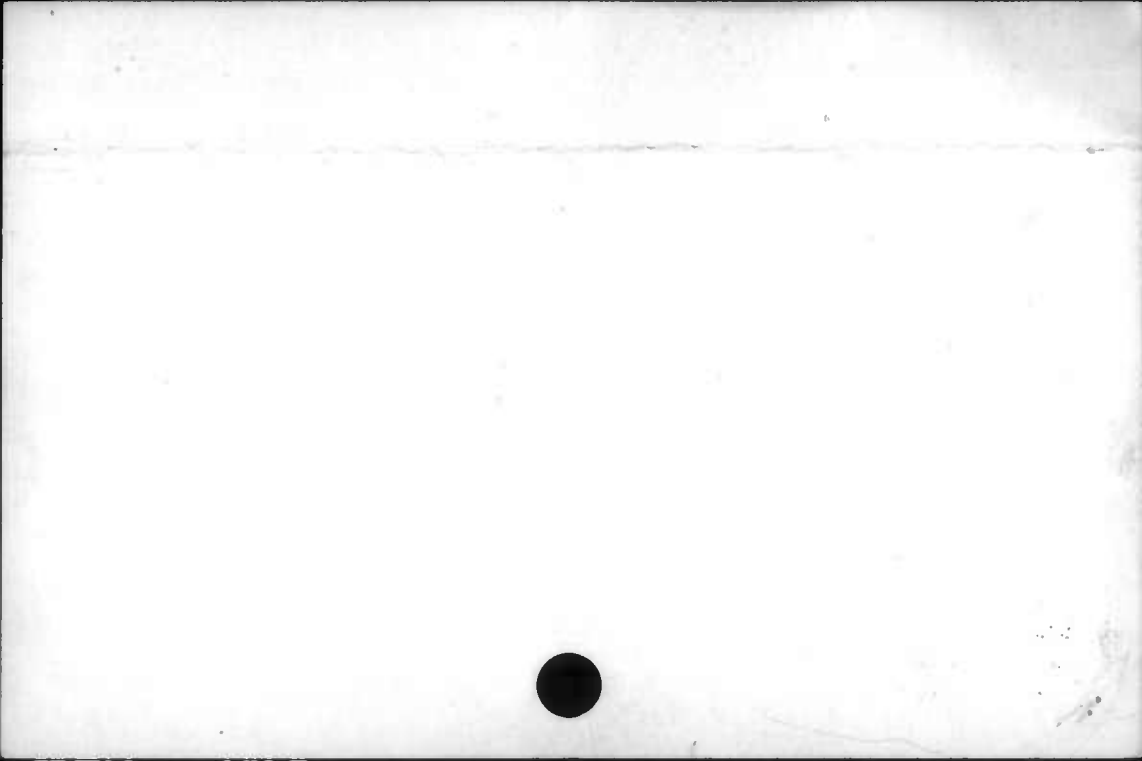
Yes.

Signature of  
Physician

Address

Jas. L. Yazle.  
New Freedom, Pa.

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm Reves Sr*

Died at *Brohm's Lane* <sup>Town</sup> *Balt.* <sup>County</sup>

Date of death *1909* <sup>Month</sup> *June* <sup>Day</sup> *16* <sup>Years</sup> *73* <sup>Months</sup> *6* <sup>Days</sup> *29*

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *Gardener* Where Residing if not at place of death *Brohm's Lane*

Married, Single or Widowed *married* Name of Wife or Husband *Louise Ackerman*

Father's Name *Henry Reves* Father's Birthplace *Germany*

Mother's Maiden Name *not known* Mother's Birthplace *"*

Name of person giving information *Louise Reves* How related to deceased *wife*

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary *Bright's disease* How long *1 year*

Immediate *Heart weakness* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm D. Corcoran*

Address *Gardenville*

Accident or Suicide? *Balt Co Ind*

George Schilling & Sons  
N W Cor Arch with Monument so  
Balto Md

Jerusalem Lutheran Cemetery  
Bordenville



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Harriet M. Richards*

Town *Rayville* County *Baltimore*

Died at *Rayville*

Date of death 190*8* Month *6* Day *3* Age Years *57* Months *4* Days *19*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *J G Richards*

Father's Name *A. Graham Brooks* Father's Birthplace *Md*

Mother's Maiden Name *Sarah Chilcoat* Mother's Birthplace *Md*

Name of person giving Information *J G Richards* How related to deceased *Husband*

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

*Intestinal Ulcers*

How long

*About 3 years.*

Immediate

*Manasurus.*

How long

*Six months.*

Are the name, age, sex, color, date and place correctly given above?

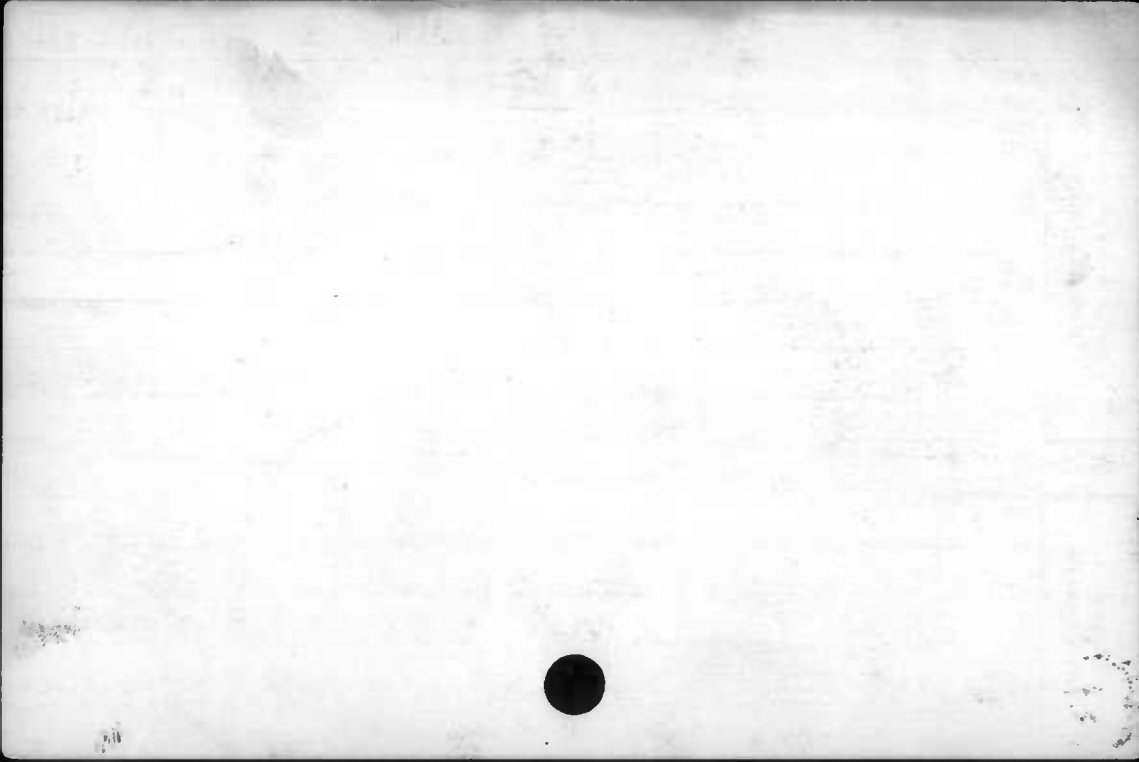
*yes*

Signature of Physician

Address

*E. W. Hyde, M.D.*  
*Carlton*  
*Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

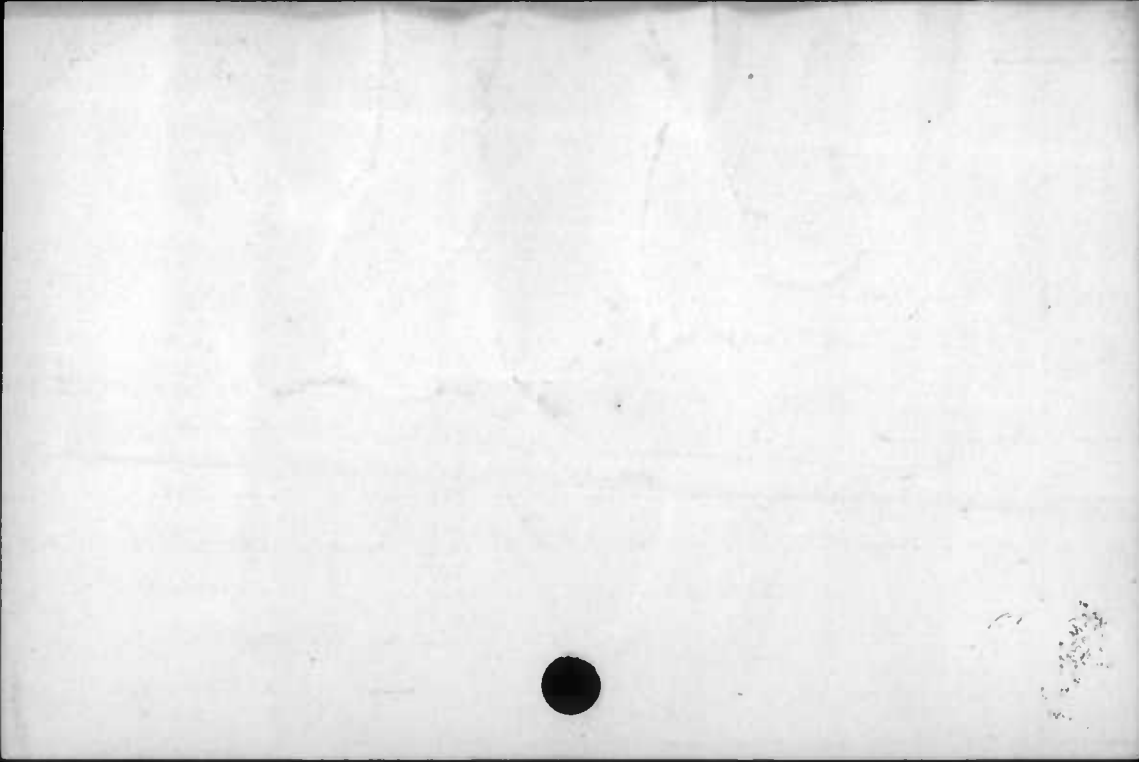
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Hammerville</b>		Town <b>Baltimore</b>		County <b>Baltimore</b>		State <b>MARYLAND</b>	
Date of death <b>1909</b>	Month <b>June</b>	Day <b>22</b>	Age <b>24</b>	Years <b>24</b>	Months <b>11</b>	Days <b>—</b>	
Sex <b>Female</b>	Color or Race <b>White</b>		Birthplace <b>Baltimore</b>				
Occupation <b>Housewife</b>	Where Residing if not at place of death <b>Hammerville</b>						
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Edward Rocklitz</b>						
Father's Name <b>C. L. Hobbs</b>	Father's Birthplace <b>Baltimore</b>						
Mother's Maiden Name <b>R. A. Worthington</b>	Mother's Birthplace <b>Baltimore</b>						
Name of person giving information <b>C. L. Hobbs</b>	How related to deceased <b>Father</b>						

## CAUSES OF DEATH

Primary	<b>Coronary Artery</b>	How long <b>5 weeks</b>
Immediate	<b>Cardiac Insufficiency</b>	How long <b>2 weeks</b>
Are the name, age, sex, color, date and place correctly given above?	<b>yes</b>	Signature of Physician <b>Wm. J. Buppert</b>
		Address <b>Wm. J. Buppert</b>
Accident or Suicide?	<b>—</b>	<b>Baltimore</b>

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John W. Schepfling</i>		Town <i>Banton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Banton</i>		Month <i>June</i>		Day <i>27</i>		Age <i>1</i> —	
Date of death <i>1909</i>		Months <i>—</i>		Years <i>—</i>		Days <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm T. Schepfling</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Elizabeth Overdone</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Father. W. Schepfling</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Herbert Schenckel, M.D.</i>	
		Address <i>1013 S. Banton St.</i>	
Accident or Suicide? <i>—</i>			

Baltimore Funeral  
Co. -

Mrs Carmel Cune.

June 25 / 09. -

Name  
in  
Full

Anna Marie Schlichting

## CERTIFICATE OF DEATH

Town

Arlington

County

Balto.

MARYLAND

Died at

Date

of death

1909 June

Month

Day

25

Age

Years

Months

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. Md

Occupation

Where Residing if not  
at place of death

848 S. Bond St.

Married, Single  
or WidowedName of Wife or  
Husband

Balto. City

Father's  
Name

John Schlichting

Father's  
Birthplace

unknown

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

unknown

Name of person giving  
Information

Mary Goldechmidt, Nurse

How related  
to deceased

None

## CAUSES OF DEATH

Primary

one twin's premature & months  
Baby injured at delivery. Internally

How long

How long

Immediate

Hemorrhages of lungs &amp; abscess

5 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Wm. Grant M.D

Address

1721 N. Payson St. Balto. Md

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mt Carmel Cemetery  
J Herwig & Son

6/25/09



Name  
in  
Full

Rosa Ann Sears

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

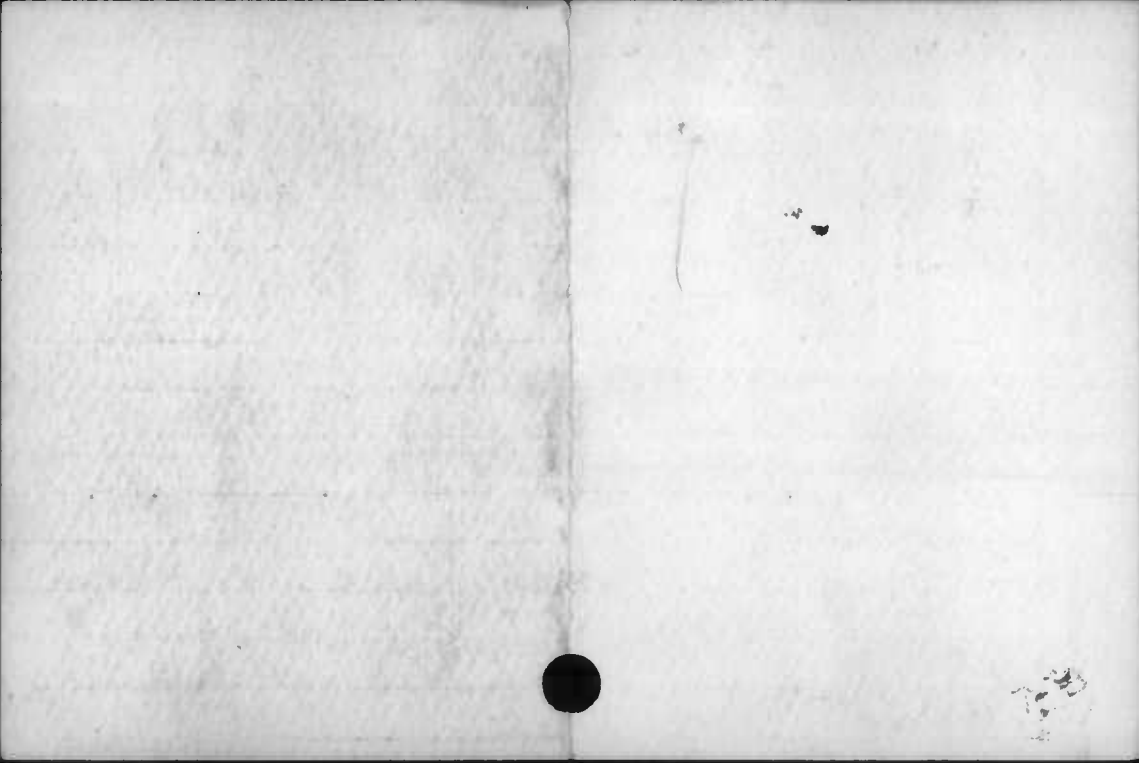
Died at <i>Marion</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>23</i>	Age <i>61</i>	Months <i>2</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brydeshurst Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, <del>Single</del> <i>Married</i>		Name of <del>Wife or</del> <i>Husband</i> <i>Geors W Sears</i>			
Father's Name <i>William Corbin</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Julia Ann Ehaagh Plowman</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Amanda Girdling</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <i>Cirrhosis of liver</i>	How long <i>2 years</i>
Immediate <i>Coma &amp; convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. O'Connell</i>
	Address <i>Crackysville Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John D. Slade*

Died at *Corbett* <sup>Town</sup> *Balto* <sup>County</sup>

Date of death 190 *9* Month *6* Day *23* Age Years *56* Months *11* Days *16*

Sex *Male* Color or Race *White* Birth-place *Balto Co*

Occupation *Politician Auctioneer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Grace Rutledge*

Father's Name *John Slade* Father's Birthplace *Balto Co*

Mother's Maiden Name *Sarah Place* Mother's Birthplace *Balto Co*

Name of person giving information *Mary C Slade* How related to deceased *Sister*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerosis* How long *10 mo or longer*

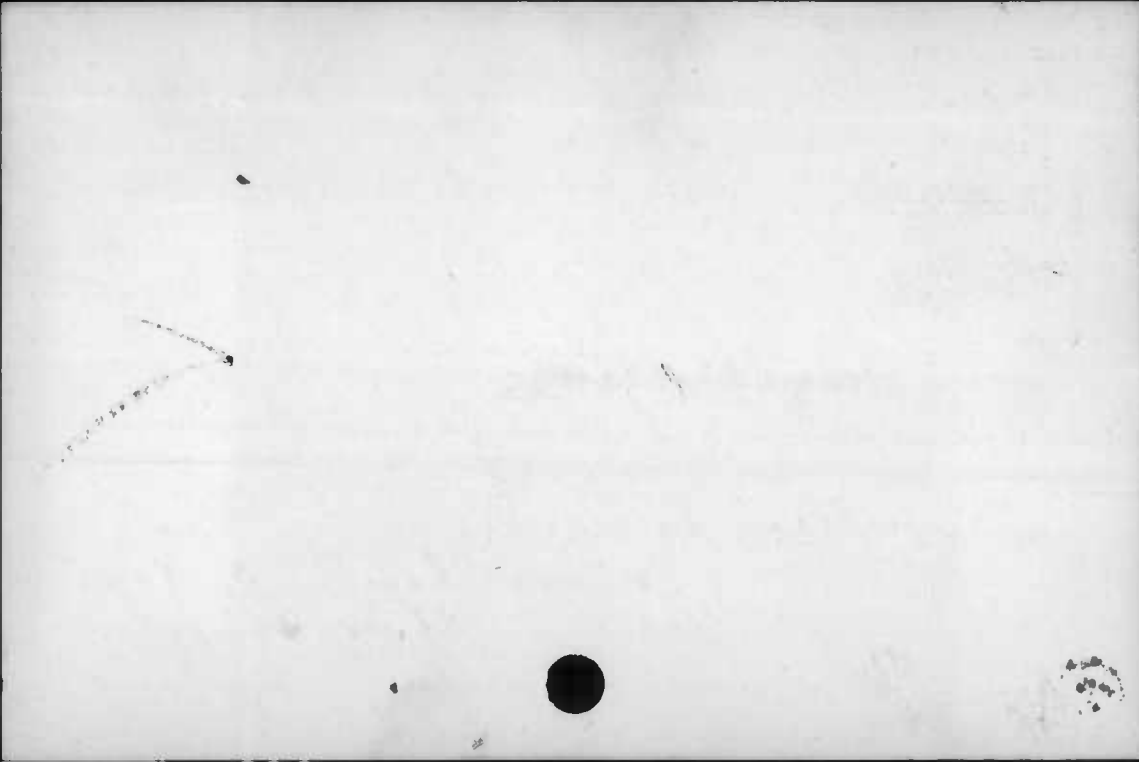
Immediate *Cerebral Hemorrhage* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Dr. Sherman*

Address *Elmore Md*

Accident or Suicide? ☒



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Howard Lewis Smith  
 Died at 3424 E. Pratt St. Baltimore  
 Town County

MARYLAND

Date of death 1909 June 11 Age 10  
 Month Day Years Months Days

Sex Male Color or Race White Birthplace Baltimore

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Benjamin F. Smith Father's Birthplace Baltimore

Mother's Maiden Name Lillian T. Littleback Mother's Birthplace Baltimore

Name of person giving Information Benjamin F. Smith How related to deceased father

## CAUSES OF DEATH

Primary Theos Colitis How long 7 days

Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. J. Smith

Improper care in feeding Address 3326 E. Pratt St. Baltimore

Accident or Suicide

Mr. & Mrs John H. Seufel

Buried Oak Lawn Cemetery

June. 13/09

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Joseph Spiegel*  
Town *Highlandtown* County *Balto.*Date of death 1909 June 23<sup>rd</sup> Age 36  
Month Day Years

Months 1 Days 23

Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Blacksmith* Where Residing if not at place of death *509 S. Boulding St.*Married, Single or Widowed *Married* Name of Wife or Husband *Annie Guenther*Father's Name *Henry Spiegel* Father's Birthplace *Germany*Mother's Maiden Name *Don't Know* Mother's Birthplace " "Name of person giving Information *Annie Spiegel* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Thermic Fever* How long *Immediate*  
Immediate *Convulsions* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Dr. F. A. Slautz*  
*3241 Eastern Ave.*

Accident or Suicide

PHYSICIAN  
OR CORONER  
*1*

Holy Redeemer Cemetery  
June 26 to 9  
Lilly and Geiler  
Undertakers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Gardenville</i>		County <i>Balto</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
<i>1909</i>	<i>June</i>	<i>24</i>	<i>50</i>				
Sex	Color or Race	Birth-place					
<i>Male</i>	<i>White</i>	<i>Baltimore</i>					
Occupation	Where Residing if not at place of death						
<i>Horseshoer</i>							
Married, Single or Widowed	Name of Wife or Husband						
<i>Married</i>	<i>Ellen S. Stephan</i>						
Father's Name	Father's Birthplace						
<i>Henry Stephan</i>	<i>Germany</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Magdalena Bush</i>	<i>Germany</i>						
Name of person giving information	How related to deceased						
<i>John Stephan</i>	<i>Brother</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis</i>	How long	<i>6 months</i>
Immediate	<i>Asthenia</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. Carver, M.D.</i>
		Address	<i>1417 W. Calver St.</i>
Accident or Suicide?			

H. and M. G. Flynn

Balto., Cemetery

Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Mariana Strumsky		Town		Morrell park		County		Balt.		MARYLAND													
Died at				Date of death		1909		Month		6		Day		7		Age		Years		Months		4		Days	
Sex		Female		Color or Race		white		Birth-place		Md.															
Occupation		None		Where Residing if not at place of death																					
Married, Single or Widowed		Infant		Name of Wife or Husband																					
Father's Name		August Strumsky		Father's Birthplace		Germany																			
Mother's Maiden Name		Amelia Lubert		Mother's Birthplace		Md																			
Name of person giving information		August Strumsky		How related to deceased		Father																			
CAUSES OF DEATH												71 X													

PHYSICIAN  
OR CORONER

Primary		Spasms		How long		1 day	
Immediate		Inwardly spasms		How long		1/2 Hour	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		August W. Miller, Coroner	
				Address		Mt Wmians	
Accident or Suicide?						Balt Co. Md. 17	

Nicholas Link  
New Cathedral  
Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

120

PHYSICIAN  
OF CORONER

Primary	Terminal Dementia	How long	10 yrs -
Immediate	Chronic Interstitial Nephritis	How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Percy Nace	
No.		Leatonville Md	
Accident or Suicide?			

Ni.



Name  
in  
Full

Irene B. Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Radnor An Gwans* Town *1 Balto Co.* CountyDate of death 190 *9* <sup>Month</sup> *6<sup>th</sup>* <sup>Day</sup> *23* <sup>Years</sup> *26* <sup>Months</sup> *2* <sup>Days</sup> *7*Sex *Female* Color or Race *White* Birth-place *City 1 Balto.*Occupation *—* Where Residing if not at place of death *Radnor An Gwans*Married, Single or Widowed *Widow* Name of Wife or Husband *—*Father's Name *Geo A Boyer* Father's Birthplace *Pia*Mother's Maiden Name *Dahalgia Bradley* Mother's Birthplace *City 1 Balto*Name of person giving information *Josephine Bradley* How related to deceased *Aunt*

## CAUSES OF DEATH

99

Primary *Pneumonia Unresolved* How long *4 weeks*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Chas. H. P. Libby*  
*1113 Madison Ave*  
*1 Baltimore*Accident or Suicide? *—*PHYSICIAN  
OR CORONER

To Landon Park

G.F. Walker

723 Whafayette

Baltimore  
city



Name  
in  
Full

Martha J. Toney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Longueville <sup>Town</sup> Balto <sup>County</sup>

**MARYLAND**

Date of death 190 9 <sup>Month</sup> June <sup>Day</sup> 27 <sup>Years</sup> 56 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race Colord Birth-place Balto. Co

Occupation House Wife Where Residing if not at place of death —

Married, Single ~~or Widowed~~ Name of Wife or Husband Loyd Toney Sr.

Father's Name Perry Moore Father's Birthplace Balto. Co

Mother's Maiden Name Not known Mother's Birthplace Balto. Co

Name of person giving Information Loyd Toney Sr. How related to deceased Husband

## CAUSES OF DEATH

Primary Organic Heart Trouble + dropsy 79 Not Known

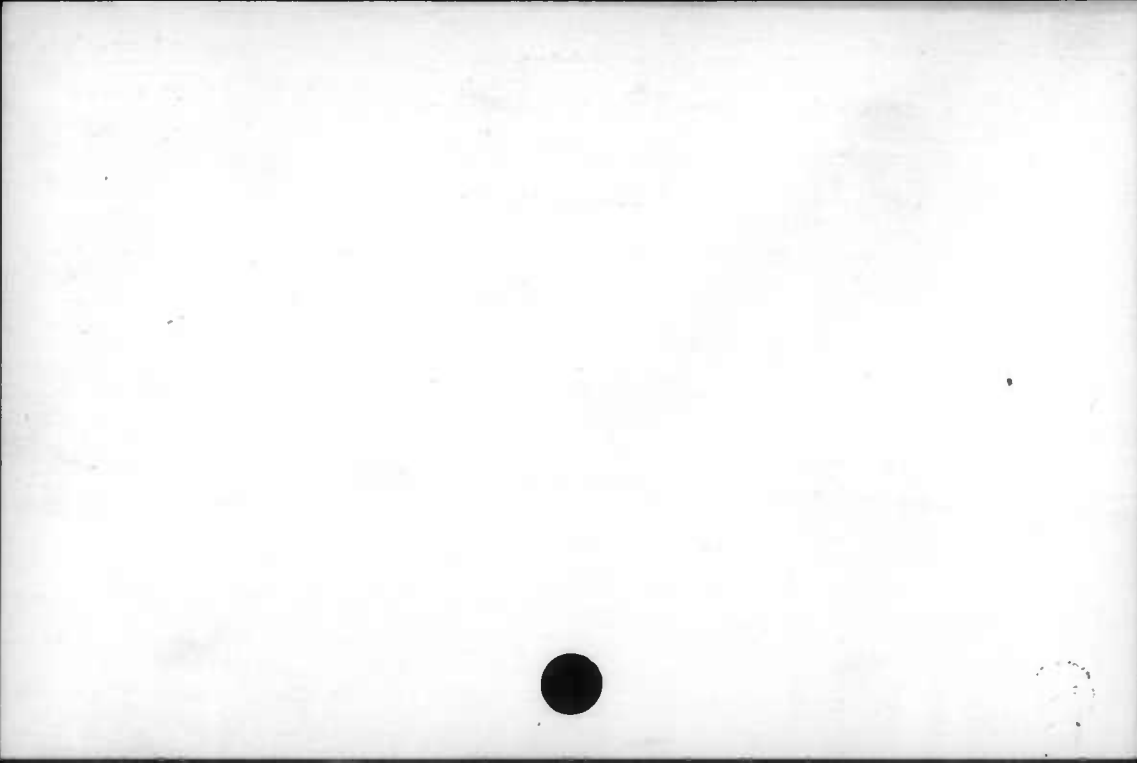
Immediate Not Known

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. S. Green

Address Gittings Md. 11

Accident or Suicide ☒

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James J. Kelly</i>		Town <i>Texas</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Texas</i>		Month <i>9</i>		Day <i>26</i>		Years <i>38</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Texas Mo</i>			
Occupation <i>labr</i>		Where Residing if not at place of death <i>Texas Mo</i>					
Married, Single or Widowed <i>Single</i>		Name of Spouse <i>Ann</i>					
Father's Name <i>Jms Kelly</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Catherine Dougherty</i>		Mother's Birthplace <i>Ireland</i>					
Name of person in formation <i>Mr Kennedy</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER.

Primary	<i>Acute Alcoholism</i>	How long <i>3 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. F. Bunn</i>
		Address <i>Texas Mo</i>
Accident or Suicide?		

Mr. C. Brink  
will be General Director

Name  
in  
Full

## CERTIFICATE OF DEATH

William Turner

Town

County

MARYLAND

Died at *Owings Mills**Balto*

Date

of death

*1909 June 10*

Age

*72*

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Harford Co*

Occupation

*Day Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Martha Turner*Father's  
Name*Lewis Turner*Father's  
Birthplace*Don't Know*Mother's  
Maiden Name*Marion Hollie*Mother's  
Birthplace*Don't Know*Name of person giving  
Information*Martha Turner*How related  
to deceased*wife*

## CAUSES OF DEATH

Primary

*Senile Bronchitis*

How long

*about one  
year*

Immediate

*Heart Disease*

How long

*about one month*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W H H Campbell*

Address

*Owings Mills, Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
CORNER

1

To be Buried  
at Piney Grove  
Batts. co. Md

Name  
in  
Full

Kate Barton Vroom

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Catonsville

Baltimore

Date

of death

1909 June

Day

19

Age

Years

70

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Va

Occupation

none

Where Residing if not  
at place of death

blutn Mass

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Widow of Gustav B Vroom

Father's  
Name

L H Riddle

Father's  
Birthplace

Va

Mother's  
Maiden Name

Elizabeth B Brown

Mother's  
Birthplace

West Pa

Name of person giving  
Information

Sister Miss L H Riddle

How related  
to deceased

Sister

## CAUSES OF DEATH

79

Primary

Organic Heart Trouble

How long

207 hours

Immediate

Aortic Insufficiency

How long

a few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Richard H. Canary M.D.  
Catonsville, Md.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER  
1





Name  
in  
Full

## CERTIFICATE OF DEATH

Nathaniel S. White

Town

County

MARYLAND

Died at BethesdaBaet Count

Date

of death 1904

Month

6

Day

24

Years

Age 65-

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Baet Md

Occupation

Coachsmith

Where Residing if not  
at place of deathMarried, ~~Single~~  
WidowedName of Wife or  
Huband

Georgiana White

Father's  
Name

Unknown

Father's  
Birthplace

England

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

England

Name of person giving  
InformationHow related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Supposition Heart disease,

How long

Several yrs

Immediate

found dead in bed

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

St. Louis Taylor  
Pikesville

Accident or Suicida

(Neither)

Md 3

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Abraham Wilensky

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month <u>June</u>	Day <u>4</u>	Age <u>76</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Russia</u>		
Occupation <u>Rabbi</u>	Where Residing if not at place of death <u>Catonsville</u>				
Married, Single or Widowed <u>Unknown</u>	Name of Wife or Husband <u>unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Russia</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Russia</u>				
Name of person giving information <u>Jake H Wilensky</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary Arterio Sclerosis + NephritisImmediate asthenia

Are the name, age, sex, color, date and place correctly given above?

yes

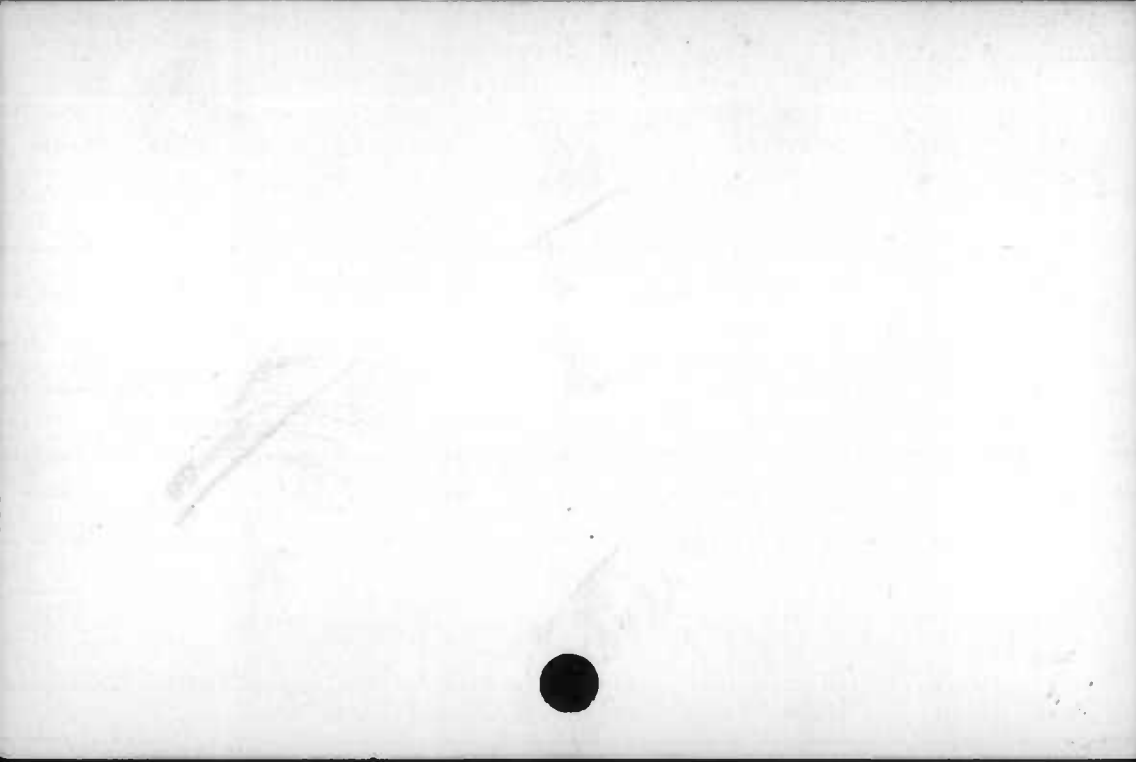
Signature of Physician

Marshall B. West

Address

Catonsville, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James R Williams*

Town *Sparrows Point* County *Baltimore* MARYLAND

Died at *Sparrows Point*

Date of death *1909* Month *June* Day *30* Age *12* Years Months Days

Sex *male* Color or Race *white* Birth-place *Sparrows Point*

Occupation \_\_\_\_\_ Where Residing if not at place of death " "

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm J Williams* Father's Birthplace *Md*

Mother's Maiden Name *Annie Green* Mother's Birthplace *Md*

Name of person giving Information *Wm J Williams* How related to deceased *father*

## CAUSES OF DEATH

145

PHYSICIAN  
OR CORONER

Primary *Dermatitis Exfoliativa Neonatorum* How long *1 week*

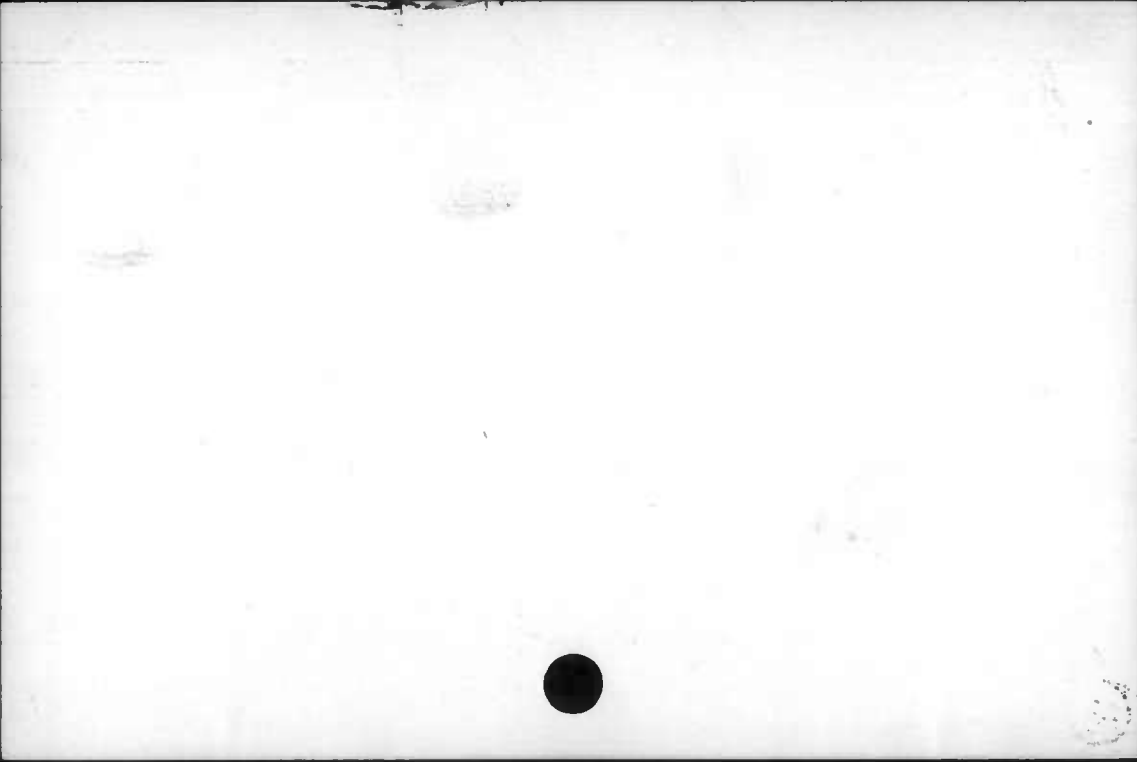
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. L. McCormick MD*

Address *Sparrows Point*

Accident or Suicide *no*



Name  
in  
Full

Willingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Olla		County Baltimore		MARYLAND			
Date of death		1909	Month June	Day 24	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth- place	Olla Md
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wifs or Husband					
Father's Name				John K. Willingham				Father's Birthplace	N Va
Mother's Meiden Name				Rhoda Barker				Mother's Birthplace	N Va
Name of person giving Information				John K. Willingham				How related to deceased	Father

## CAUSES OF DEATH

Primary	Premature birth	How long	151
Immediate	Asthma	How long	

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

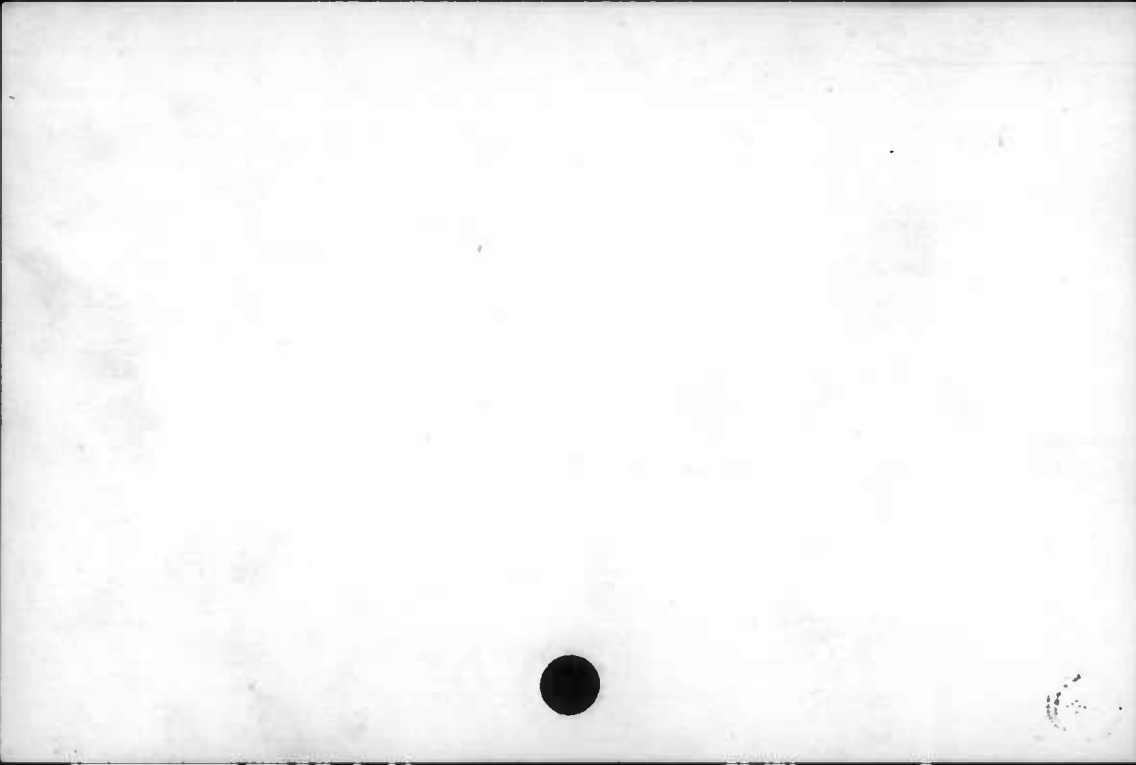
Address

J. M. B. Rogers M.D.  
Elmott City Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

1





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

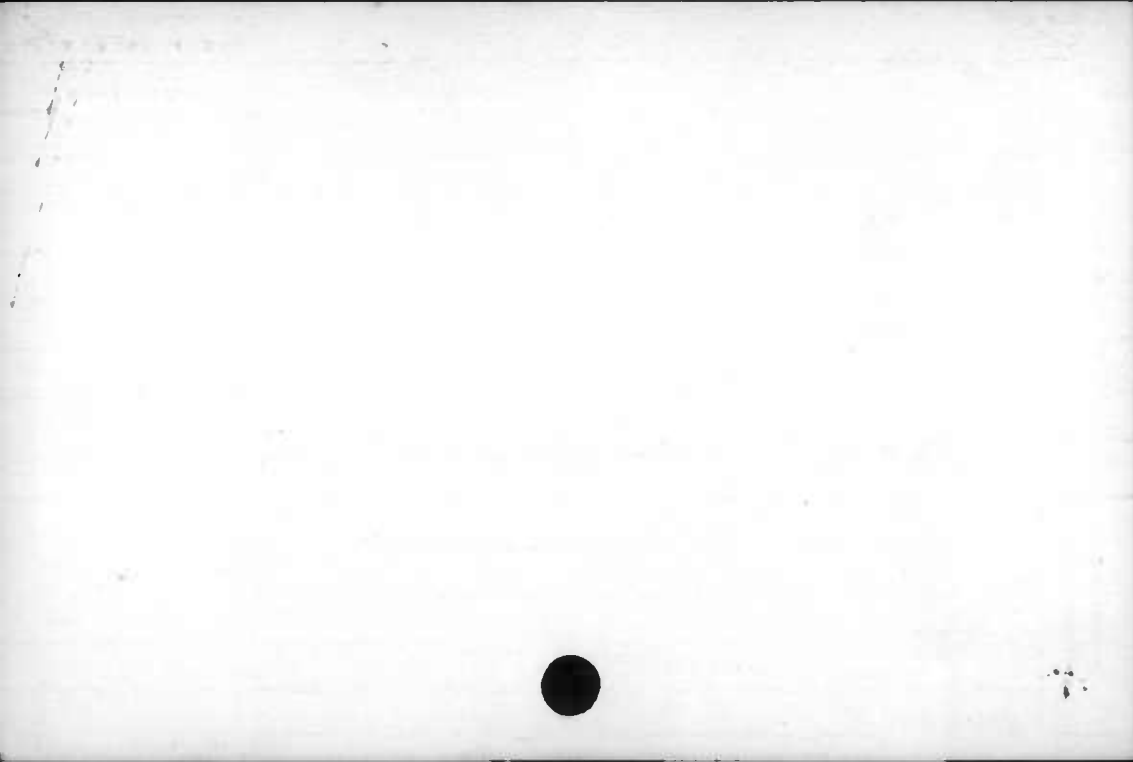
Name in Full <i>Hellen Mae Worthington</i>		Town <i>St Georges</i>		County <i>Balto</i>		MARYLAND	
Died at <i>St Georges</i>		Month <i>June</i>		Day <i>15</i>		Years <i>39</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>15</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Thomas F. Worthington</i>		Father's Birthplace <i>Balto, co Md</i>					
Mother's Maiden Name <i>Florence E. McLean</i>		Mother's Birthplace <i>Ohio</i>					
Name of person giving Information <i>Thomas F. Worthington</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

Primary <i>Carcinoma (intestinal)</i>	How long <i>one Year or more</i>
Immediate <i>Pulmonary + Cardiac Oedema</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>James Gore M.D.</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide _____	

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Joseph H. Hyman*  
Died at *1005 S. 1st St.* <sup>Town</sup> *Baltimore* <sup>County</sup>Date of death *1909 June 26* <sup>Month</sup> <sup>Day</sup> <sup>Years</sup> *Age 75* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Coach-finisher* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Sophia Louise*Father's Name *Albert Hyman* Father's Birthplace *Baltimore*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving information *John C. Hyman* How related to deceased *Son*

## CAUSES OF DEATH

169

Primary *Heat Prostration* How long *36 hours*Immediate *Exhaustion* How long *one day*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*David W. Jones*  
*3116 O'Donnell St.*

Accident or Suicide?

Baltimore Cenn  
June 29<sup>th</sup> 1909

William Cook

Undertaker

582 E. North ave

Name  
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington</i> <sup>Town</sup>		<i>Balls</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>63</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>24</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Jack Co. Penna.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Arlington Md.</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Granville Young</i>				
Father's Name <i>Jacob C. Coffey</i>	Father's Birthplace <i>Jack Co. Penna</i>				
Mother's Maiden Name <i>Knechtel</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Min. T. Staushung</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Chronic gastritis</i>	How long <i>Two years</i>
Immediate <i>Chronic attack of above</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>As true as I know</i>	Signature of Physician <i>Henry Russell</i>
	Address <i>West Arlington, Maryland</i>
Accident or Suicide?	

Glen Rock Pa Cemetery  
June 1909

Wm E Chenoweth Son  
3617 Chestnut Ave

**TO BE ANSWERED BY  
NEAREST FRIEND**

PHYSICIAN  
OR CORONER

### CAUSES OF DEATH

# CERTIFICATE OF DEATH

## MARYLAND

Died at

Date \_\_\_\_\_

of death 1909

Town

Month

Day.

Agg

Years

Months

Days

Sex

Color or Race

Birth-  
place

### Occupation

Where Residing if not  
at place of death /

Married, Single  
or Widowed

Name of Wife or Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
information

How related  
~~to deceased~~

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

## Accident or Suicide?

LIBRARY BUREAU A58416

Lilly and Zeiler  
Undertakers,

● Sacred Heart Cms.

~~June~~  
July 1<sup>st</sup> / 1909.